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BY Karen Butler
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FINAL REPORT

**THE ORIGINS OF THE COVID-19
GLOBAL PANDEMIC, INCLUDING
THE ROLES OF THE CHINESE
COMMUNIST PARTY AND THE
WORLD HEALTH ORGANIZATION**

HOUSE FOREIGN AFFAIRS COMMITTEE MINORITY STAFF REPORT

LEAD REPUBLICAN MICHAEL T. McCAUL

ONE HUNDRED SIXTEENTH CONGRESS



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EXECUTIVE SUMMARY

During the 2003 SARS pandemic, the Chinese Communist Party (CCP) used its stranglehold on journalists and dissidents in the People's Republic of China (PRC) to hide information and obfuscate the source of the outbreak. CCP leaders failed to inform the World Health Organization (WHO) about the virus for four months. In the wake of this malfeasance, the world demanded reforms to the International Health Regulations (IHR) that govern how countries are required to handle public health emergencies. Today, it has become clear that the CCP failed to heed these lessons. The ongoing pandemic is a tragic second chapter to their mishandling of the 2003 SARS outbreak.

There remain many unanswered questions as to the origins of SARS-CoV-2, the virus that causes COVID-19, and the root of the global pandemic. Nine months into the pandemic, new information continues to emerge from the PRC and elsewhere showing the scale of CCP efforts to cover up the outbreak and punish countries seeking accountability. After discovering new evidence and receiving additional information from the WHO, this report is an effort to put that information into context, define what questions regarding the virus and the response are still outstanding, and provide recommendations on how to improve the global response moving forward. A previous, interim version of this report focused on the early phases of the pandemic, prior to the declaration of a Public Health Emergency of International Concern on January 30, 2020. After the publication of that report, both the WHO and CCP modified their public statements regarding COVID-19, with the WHO issuing a new, "updated" timeline and the CCP temporarily retracting their claim that they notified the WHO on December 31, 2019. This final version extends the timeline through the declaration of a pandemic by the WHO on March 11, 2020 and discusses significant events after that date.

It is beyond doubt that the CCP actively engaged in a cover-up designed to obfuscate data, hide relevant public health information, and suppress doctors and journalists who attempted to warn the world. They deliberately, and repeatedly, disregarded their obligations under the 2005 IHR. Senior CCP leaders, including CCP General Secretary Xi Jinping, knew a pandemic was ongoing weeks before it was announced. By responding in a transparent and responsible manner, the CCP could have supported the global public health response and shared information with the world about how to handle the virus. It is likely the ongoing pandemic could have been prevented had they done so, saving hundreds of thousands of lives and the world from an economic meltdown. As more countries have begun to question the CCP's official accounting of the early stages of the pandemic and call for an international investigation, the PRC has used economic manipulation and trade coercion to demand silence.

WHO Director-General Tedros has responded to the CCP's cover-up by praising the CCP for their "transparency," despite internal documents showing WHO frustration with the CCP's failure to share critical data and information about the virus. The WHO has repeatedly parroted CCP talking points while ignoring conflicting information from reputable sources. Director-General Tedros' full-throated defense of the CCP's early response and embrace of their revisionist history, as well as the impact of his actions on the global response, remains incredibly concerning. There are a multitude of outstanding questions that require a serious examination of

the WHO's handling of COVID-19. However, it remains clear the WHO has failed to fulfill certain duties required by the IHR.

Reflecting on what the Committee Minority has uncovered so far, the failures of the CCP to protect their citizens and fulfill their obligations under international law have resulted in disappeared journalists, a world seized by an ongoing public health emergency, economic calamities, and hundreds of thousands of dead. As such, it is incumbent upon the United States and likeminded WHO Member States to ensure real accountability and necessary reforms in order to prevent the CCP's malfeasance from giving rise to a third pandemic originating from China during this century.

UPDATE TO THE INTERIM REPORT

The House Foreign Affairs Committee Minority Staff Interim Report on the Origins of the COVID-19 Global Pandemic was published in early June, shortly after the conclusion of the seventy-third meeting of the World Health Assembly. At the time of its release, there were an estimated 7 million cases of COVID-19 around the world, and a death toll of approximately 412,000. Today, the cumulative count stands at more than 30.8 million cases and 958,000 dead.

In the intervening months, and under the direction of Ranking Member McCaul, the House Foreign Affairs Committee Minority staff has continued its investigation into the origins of the virus and the handling of the pandemic by the PRC and the WHO. As the pandemic has unfolded, new information has emerged that sheds additional light on steps taken by the CCP to obfuscate their knowledge of the virus and to directly inhibit the COVID-19 response of other countries. The report's timeline has also been extended through March 11th, highlighting key events that occurred prior to Director-General Tedros' delayed pandemic declaration.

During the early stages of the outbreak, PRC companies abroad, at the direction of the CCP, procured millions of protective masks, medical gowns, and gloves on the international market and shipped hundreds of tons of medical equipment from abroad back to the PRC. Within its borders, the CCP nationalized the supply chains and manufacturing capacity of foreign companies like General Motors and 3M to produce medical supplies while denying export licenses for their products. As countries began to call for an international investigation into the PRC's cover-up, the CCP waged a campaign of economic coercion designed to silence their critics.

New primary documents related to the CCP's cover-up have also been identified, including the notice sent by the researcher in Shanghai informing the PRC's National Health Commission that the genome of SARS-CoV-2 had been sequenced. Another key document identified was a discipline notice for a nurse in Taizhou who was punished for discussing the COVID-19 outbreak in her city with classmates and family via WeChat, revealing the widespread nature of the CCP's crackdown on medical professionals. In addition, the 2018 State Department cables regarding the Wuhan Institute of Virology were released and are included in the Appendix.

After multiple letters of inquiry from Ranking Member McCaul, and repeated requests via phone and email by Committee Minority staff, new information has been provided by the WHO related to the declaration of the PHEIC and the WHO-China Joint Mission on Coronavirus Disease 2019. These responses, which provide a level of detail that has not been publicly reported elsewhere, are included in their entirety in the report and Appendix. It remains the Committee Minority's hope that by providing such transparency, a more complete understanding can be developed of the early stages of COVID-19, the CCP's cover-up, and the WHO's mishandling of the pandemic.

MINORITY STAFF REPORT ON SARS-CoV-2 AND THE COVID-19 GLOBAL PANDEMIC

I. PREFACE

The world is currently in the grips of a global pandemic known as COVID-19. As of September 20, 2020, there were more than 30.9 million confirmed cases¹ spread across almost every country.² More than 958,000 people have reportedly died due to the disease³, which is caused by a strain of coronavirus. First identified in 1968, coronaviruses are a family of related RNA viruses known to cause illness in animals and humans.⁴ Depending on the strain, coronaviruses can cause a range of illnesses, from mild infections like the common cold to deadly diseases like Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The 2019 coronavirus disease (COVID-19) is caused by a strain of coronavirus similar to SARS-CoV, the strain that caused the 2003 SARS pandemic. This virus has been designated SARS-CoV-2.

Based on an examination of the early stages of the outbreak, efforts to conceal the spread and novel nature of the virus, failures to share accurate information as required by international law⁵, and the suppression of voices seeking to warn the world, the Chinese Communist Party (CCP) bears overwhelming responsibility for allowing a local outbreak to become a global pandemic. Senior CCP leaders, including CCP General Secretary Xi Jinping, knew a pandemic was occurring weeks before they warned the public.⁶ Research shows that the CCP could have reduced the number of cases in China by up to 95%⁷, had it fulfilled its obligations under international law and implemented a public health response at an earlier date.⁸ The World Health Organization (WHO) enabled the CCP cover-up by failing to investigate and publicize reports conflicting with the official CCP narrative, while at the same time praising the CCP's response. **In sum, the COVID-19 global pandemic could have been prevented if the CCP acted in a transparent and responsible manner.**

It is highly relevant to the analysis of these events that at various points, authorities in the People's Republic of China (PRC) have attempted to draw distinctions between various elements of the PRC government, or assigned blame to sub-national authorities. In the PRC, the CCP holds a complete monopoly on power, including the ability of civil authorities to take action or

¹ "COVID-19 Map." *Johns Hopkins Coronavirus Resource Center*, <https://coronavirus.jhu.edu/map.html>.

² The New York Times. "Coronavirus Map: Tracking the Global Outbreak." *The New York Times*, 28 Jan. 2020, www.nytimes.com/interactive/2020/world/coronavirus-maps.html.

³ COVID-19 Map.

⁴ Wege, Helmut. "Coronavirus, Infection and Immunity." *Encyclopedia of Immunology*, Elsevier, 1998, 658–661. Crossref, doi:10.1006/rwei.1999.0173.

⁵ The World Health Organization, *INTERNATIONAL HEALTH REGULATIONS (2005)*, <https://www.who.int/ihr/publications/9789241580496/en/>

⁶ "China Didn't Warn Public of Likely Pandemic For 6 Key Days." *AP NEWS*, 15 Jan. 2020, <https://apnews.com/68a9e1b91de4ffc166acd6012d82c2f9>.

⁷ Lai, Shengjie, et al. "Effect of Non-Pharmaceutical Interventions for Containing the COVID-19 Outbreak in China." *MedRxiv*, 2020, doi:10.1101/2020.03.03.20029843.

⁸ Lai, Shengjie, et al. "Effect of Non-Pharmaceutical Interventions for Containing the COVID-19 Outbreak in China." *MedRxiv*, 2020, doi:10.1101/2020.03.03.20029843.

transmit information. A poignant example of this comes from a statement made by Zhou Xianwang, who served as Mayor of Wuhan when the outbreak started. Zhou defended his role in the cover-up, stating, “As a local government official, I could disclose information only after being authorized.”⁹ Thus, findings in this document relating to the responsibilities of the PRC as a state identify the CCP as the entity that bears those responsibilities.

II. THE EARLY STAGES OF THE PANDEMIC

It is believed that sometime in early to mid-November 2019, a novel coronavirus first infected humans in Wuhan, the capital of Hubei province in the central region of the PRC. While the source of the virus is currently unknown, it is believed to likely be the result of a zoonotic spillover event.¹⁰ According to the Office of the Director of National Intelligence, the intelligence community shares the scientific community’s consensus that the virus is natural and not genetically modified.¹¹ This virus, later named SARS-CoV-2, causes the illness known as COVID-19 and is the root of the ongoing global pandemic. Currently, the earliest case identified by PRC authorities can be traced back to November 17, 2019.¹² In the following weeks, between one to five new cases were reported daily.¹³ On December 16, 2019, a 65-year-old man was admitted to Wuhan Central, a local hospital, with a fever and infections in both lungs. He was treated with both antibiotics and anti-flu medication, but his condition did not improve. It would later be discovered that he worked at the Huanan Seafood Wholesale Market.¹⁴

According to public reports, in addition to seafood, vendors at the Huanan market sold a variety of wild animals – at one point, approximately 120 live and dead wild animals from 75 species were listed for sale.¹⁵ Among these were civets, camels,¹⁶ and potentially pangolins, all known to be capable of carrying various strains of coronavirus. Throughout late November and early December, hospitals across Wuhan reported dozens of cases of the mystery illness. By December 20th, 60 people had contracted the virus, including family members in close contact with Huanan workers, but who did not have direct exposure to the market. This was an early sign of human-to-human transmission. By December 25th, medical staff at two different hospitals in

⁹ “China Didn’t Warn Public of Likely Pandemic For 6 Key Days.” *AP NEWS*, 15 Jan. 2020, <https://apnews.com/68a9e1b91de4ffc166acd6012d82c2f9>.

¹⁰ Walsh, Bryan. “The Coronavirus Isn’t the First Pandemic Triggered by Animal Spillover.” *Axios*, 7 May 2020, www.axios.com/coronavirus-animal-human-health-spillover-bbe5d22e-5146-4858-ac89-39b6ffeae6a.html.

¹¹ “Intelligence Community Statement on Origins of COVID-19.” Office of the Director of National Intelligence, 30 Apr. 2020, <https://www.dni.gov/index.php/newsroom/press-releases/item/2112-intelligence-community-statement-on-origins-of-covid-19>

¹² Ma, Josephine. “China’s First Confirmed Covid-19 Case Traced Back to November 17.” *South China Morning Post*, 13 Mar. 2020, www.scmp.com/news/china/society/article/3074991/coronavirus-chinas-first-confirmed-covid-19-case-traced-back.

¹³ *Ibid.*

¹⁴ Page, Jeremy, et al. “How It All Started: China’s Early Coronavirus Missteps.” *The Wall Street Journal*, 6 Mar. 2020, www.wsj.com/articles/how-it-all-started-chinas-early-coronavirus-missteps-11583508932.

¹⁵ Li, Peter J. “First Sars, now the Wuhan coronavirus. Here’s why China should ban its wildlife trade forever.” *South China Morning Post*, 29 Jan. 2020, <https://www.scmp.com/comment/opinion/article/3047828/first-sars-now-wuhan-coronavirus-heres-why-china-should-ban-its>

¹⁶ Perper, Rosie. “China Banned Live Animal Sales in Wuhan, after a Food Market Selling Wolves and Civet Cats Was Linked to a Deadly Virus.” *Business Insider*, 22 Jan. 2020, www.businessinsider.com/wuhan-virus-china-bans-food-markets-selling-live-animals-wolves-2020-1.

Wuhan were quarantined after contracting the virus, a second clear and early sign of human-to-human transmission.¹⁷

On December 27th, hospitals and health officials in Wuhan were notified by a local laboratory processing patient samples that the disease was caused by a new strain of coronavirus that was 87% genetically similar to SARS-CoV, the virus that caused the 2003 SARS pandemic.¹⁸ During that pandemic, the most important method of transmission was human-to-human.¹⁹ When coupled with transmissions among households and amongst healthcare staff, two significant causes of new SARS cases in 2003,²⁰ Wuhan healthcare workers had reason to be concerned.

Later that day, the Hubei Provincial Hospital of Integrated Chinese and Western Medicine provided this information to the local branch of the Chinese Center for Disease Control and Prevention (China CDC). By this point, at least 180 people were likely carrying the virus.²¹ Three days later, Dr. Ai Fen, who ran the emergency department at Wuhan Central, received the results of a laboratory test identifying the cause of the illness as “SARS coronavirus.”²² Dr. Ai alerted her supervisors and reported the results to the hospital’s Department of Public Health. She then circled the positive result in red and sent the results and a video of lung scans to a classmate from medical school.²³



Fig. 1 – Positive Laboratory Test for “SARS Coronavirus”

¹⁷ Page.

¹⁸ Shih, Gerry, et al. “Early Missteps and State Secrecy in China Probably Allowed the Coronavirus to Spread Farther and Faster.” *The Washington Post*, 1 Feb. 2020, www.washingtonpost.com/world/2020/02/01/early-missteps-state-secrecy-china-likely-allowed-coronavirus-spread-farther-faster/.

¹⁹ Low, Donald E. “Why SARS Will Not Return: a Polemic.” *CMAJ: Canadian Medical Association Journal* = *Journal De L'Association Medicale Canadienne*, Canadian Medical Association, 6 Jan. 2004, www.ncbi.nlm.nih.gov/pmc/articles/PMC305318/.

²⁰ *Ibid.*

²¹ Ma.

²² “Whistleblowing Doctor Missing after Criticizing Beijing's Coronavirus Censorship: Reporters without Borders.” *RSF*, 14 Apr. 2020, www.rsf.org/en/news/whistleblowing-doctor-missing-after-criticizing-beijings-coronavirus-censorship

²³ *Ibid.*

The message found its way to Dr. Li Wenliang, another doctor at Wuhan Central, who warned more than 100 of his former classmates via WeChat that “7 cases of SARS have been confirmed”²⁴

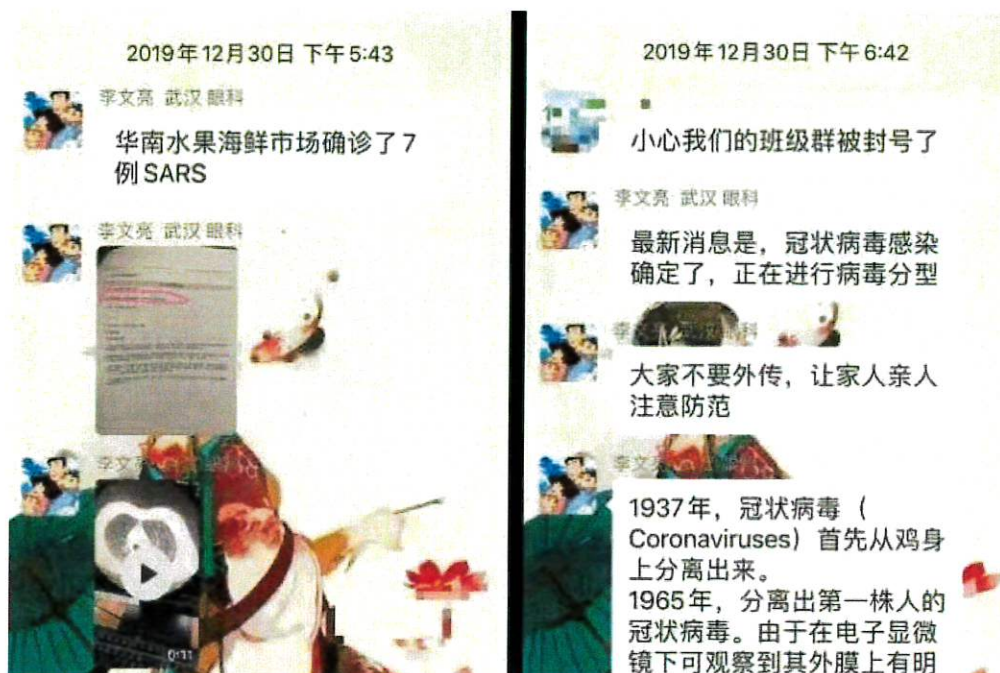


Fig. 2 – Excerpt from Dr. Li's message confirming seven cases of SARS

The next day, on December 31st, Chinese media reports of an outbreak of atypical pneumonia cases began to appear online. A machine translation of one such report was posted on the website for the Program for Monitoring Emerging Diseases (ProMED), a “U.S.-based open-access platform for early intelligence about infectious disease outbreaks.”²⁵ According to Dr. Michael Ryan, the Executive Director of the WHO’s Health Emergencies Program, this post on ProMed is how the WHO found out about the outbreak:

On 31st December information on our epidemic intelligence from open-source platform partners, PRO-MED, was received indicating a signal of a cluster of pneumonia cases in China. That was from open sources from Wuhan. On the same day we had a request from health authorities in Taiwan and the message referred to, news sources indicated at least seven atypical pneumonia cases reported in Wuhan media... That request was sent immediately, on the same day, to our country office for follow-up with Chinese authorities and on 1st January we formally requested verification of the event under the [International Health

²⁴ Lei, Ruipeng, and Renzong Qiu. “Chinese Bioethicists: Silencing Doctor Impeded Early Control of Coronavirus.” *The Hastings Center*, 19 Mar. 2020, www.thehastingscenter.org/coronavirus-doctor-whistleblower/.

²⁵ Lawrence, Susan V. “COVID-19 and China: A Chronology of Events (December 2019-January 2020).” *Congressional Research Service*, The Library of Congress. 13 May 2020.

Regulations], which is a formal process beyond any informal verification which requires a response and requires an interaction from the member state.²⁶

WHO headquarters in Geneva instructed the WHO China Country Office to seek verification of these reports from the PRC's government. **Despite public reporting to the contrary, the PRC never notified the WHO about the outbreak in Wuhan.**²⁷ PRC authorities also actively engaged in a cover-up designed to prevent the spread of information related to patients testing positive for SARS and their knowledge that the illnesses were caused by a coronavirus similar to SARS-CoV. As discussed later in the report, this was in violation of Article 6 of the International Health Regulations.

Instead, the CCP took action to prevent the news from being shared. On December 31st, the same day the WHO became aware of media reports about the outbreak, various technology services in China began to censor key words related to the outbreak. On YY, a live-streaming platform, this censorship included the phrases “unknown Wuhan pneumonia” and “Wuhan Seafood Market.” WeChat also censored criticism of the CCP, including “speculative and factual information related to the epidemic, and neutral references to Chinese government efforts to handle the outbreak that had been reported on state media.”²⁸

On the same day, in accordance with the 2005 International Health Regulations, an official from the Taiwan Centers for Disease Control (Taiwan CDC) sent an email to the WHO focal point, informing them of online reports from China concerning “at least seven atypical pneumonia cases”²⁹ in Wuhan. According to the Taiwan CDC, the phrase “atypical pneumonia” is used in China to refer to SARS.³⁰ In addition, the reference to “at least seven” is strikingly similar to Dr. Li's WeChat message referenced above. Taiwan's email to the WHO also noted that sick patients were being isolated for treatment, a sign of suspected human-to-human transmission. The Taiwan CDC requested the WHO share with them any relevant information. The only response from the WHO was a statement that Taiwan's concerns were forwarded to expert colleagues but would not be posted on their internal website for the benefit of other Member States.³¹ Taiwan's government believed the evidence of human-to-human transmission to be so great that on the same day they contacted the WHO, the Taiwanese instituted enhanced

²⁶ Remarks by Michael Ryan, Executive Director of the WHO Health Emergencies Programme, at “COVID-19 Virtual Press Conference,” April 20, 2020, <https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-20apr2020.pdf>.

²⁷ *Ibid.*

²⁸ Ruan, Lotus, et al. “Censored Contagion: How Information on the Coronavirus Is Managed on Chinese Social Media.” *The Citizen Lab*, 4 Mar. 2020, <https://citizenlab.ca/2020/03/censored-contagion-how-information-on-the-coronavirus-is-managed-on-chinese-social-media/>.

²⁹ “The Facts Regarding Taiwan's Email to Alert WHO to Possible Danger of COVID-19.” *Taiwan Centers for Disease Control*, 11 Apr. 2020, www.cdc.gov.tw/Category/ListContent/sOn2_m9QgxKqhZ7omgizlA?uaid=PAD-lbwDHeN_bLa-viBOuw.

³⁰ *Ibid.*

³¹ Chen, Frank. “WHO ‘Refused to Act’ on Taiwan's Virus Alert.” *Asia Times*, 27 Mar. 2020, <https://asiatimes.com/2020/03/who-refused-to-act-on-taiwans-virus-alert/>.

border control and quarantine measures “based on the assumption that human-to-human transmission was in fact occurring.”³²

January 2020

The next day, January 1, 2020, CCP officials ordered the Huanan market to be closed and sanitized, destroying forensic evidence that may have provided insight into the origins of the outbreak. An official at the Hubei Provincial Health Commission ordered gene sequencing companies and labs to stop testing and to destroy patient samples. The following day, scientists at the Wuhan Institute of Virology (WIV) completed genetic mapping of SARS-CoV-2 but did not publish the data or inform the WHO.³³ On January 3, the National Health Commission issued a nationwide order similar to the one put in place by the Hubei Provincial Health Commission, requiring that samples of the virus be destroyed. The CCP refused to acknowledge that it issued this order until May 15, 2020.³⁴

The WHO did not make public its knowledge of the outbreak in Wuhan until January 4th, when it issued two tweets.³⁵ On the same day, Dr. Ho Pak-leung, the head of the University of Hong Kong’s Centre for Infection, publicly warned that human-to-human transmission was highly likely.³⁶ The Centre is a designated WHO Collaborating Centre for Infectious Disease Epidemiology and Control.³⁷ Dr. Ho stated that he believed it was already occurring in Wuhan, due to the rapid increase in reported cases, and warned about a potential surge of cases during the Spring Festival travel season.³⁸ The Spring Festival travel season lasts forty days; experts predicted approximately 3 billion trips in conjunction with the holiday.³⁹ On January 5th, a second lab in China, at a research institute in Shanghai, informed China’s National Health Commission that it completely mapped the genome of the virus and that it was similar to SARS-CoV.⁴⁰

³² *Ibid.*

³³ Allen-Ebrahimian, Bethany. “Timeline: The Early Days of China’s Coronavirus Outbreak and Cover-Up.” *Axios*, 18 Mar. 2020, www.axios.com/timeline-the-early-days-of-chinas-coronavirus-outbreak-and-cover-up-ee65211a-afb6-4641-97b8-353718a5faab.html.

³⁴ O’Connor, Tom. “China Acknowledges Destroying Early Coronavirus Samples, Confirming U.S. Accusation.” *Newsweek*, 15 May 2020, www.newsweek.com/china-acknowledges-destroying-early-coronavirus-samples-confirming-us-accusation-1504484.

³⁵ World Health Organization. “#China Has Reported to WHO a Cluster of #Pneumonia Cases -with No Deaths- in Wuhan, Hubei Province. Investigations Are Underway to Identify the Cause of This Illness.” *Twitter*, 4 Jan. 2020, www.twitter.com/WHO/status/1213523866703814656

³⁶ Choi, Jimmy. “Wuhan Virus Probably Is Spreading between People.” *RTHK*, 4 Jan. 2020, <https://news.rthk.hk/rthk/en/component/k2/1500994-20200104.htm>

³⁷ “WHO Collaborating Centre for Infectious Disease Epidemiology and Control.” *School of Public Health*, <https://sph.hku.hk/en/about-us/divisioncentreunit/who-collaborating-centre-for-infectious-disease-epidemiology-and-control>

³⁸ Cheung, Elizabeth. “Hong Kong Activates ‘Serious Response Level’ for Infectious Diseases as Wuhan Pneumonia Outbreak Escalates.” *Yahoo! News*, 4 Jan. 2020, <https://sg.news.yahoo.com/hong-kong-activates-serious-response-004758495.html>

³⁹ Wong, Maggie Hiufu. “3 Billion Journeys: World’s Biggest Human Migration Begins in China.” *CNN*, 10 Jan. 2020, www.cnn.com/travel/article/chunyun-2020-lunar-new-year-travel-rush-china/index.html.

⁴⁰ Page.

上海市
复旦大学附属 公共卫生临床中心

关于湖北省武汉市华南海鲜市场不明原因发热肺炎疫情
的病原学调查报告

国家卫生健康委员会：

我单位（上海市公共卫生临床中心）张永振教授团队与武汉市中心医院、武汉市 CDC 合作，于 2020 年 1 月 5 日从湖北省武汉市华南海鲜市场一名不明原因发热肺炎病人呼吸道灌洗液中检测出类 SARS 冠状病毒，经过高通量测序获得了该病毒的全基因组，序列分析发现该病毒与类 SARS 冠状病毒同源性高达 89.11%，命名为 Wuhan-Hu-1 冠状病毒（WHCV）。由于我们仅有 1 例重症病人的标本，根据我们对该病人及其他病人临床特征等综合分析，造成本次武汉华南海鲜市场不明原因发热肺炎疫情可能是由该新型 Wuhan-Hu-1 冠状病毒引起。鉴于该病毒与造成 SARS 疫情的冠状病毒同源，应是经呼吸道传播，建议在公共场所采取相应的防控措施以及在临床救治中采用抗病毒治疗。

抄送 上海市卫生健康委员会，上海市申康医院发展中心

上海市公共卫生临床中心

2020 年 1 月 5 日

Fig. 3 – Letter from Shanghai Fudan University Public Health Clinical Center to the National Health Commission

For a second time, the CCP failed to notify the WHO that Chinese researchers had identified the virus, sequenced its genome, and that it was a coronavirus genetically similar to the virus responsible for the 2003 SARS pandemic.

Beginning January 6th, the United States Centers for Disease Control and Prevention (U.S. CDC) repeatedly contacted the PRC, offering to send a team of experts to assist with their response.⁴¹ The CCP refused to allow the teams to enter the PRC. CDC officials would not be allowed to enter the PRC until mid-February, as part of a joint WHO-PRC team. On January 7th, CCP General Secretary Xi Jinping reportedly ordered officials to control the outbreak. His personal involvement in this portion of the CCP's response to the virus was not disclosed until

⁴¹ Mcneil, Donald G., and Zolan Kanno-youngs. "C.D.C. and W.H.O. Offers to Help China Have Been Ignored for Weeks." *The New York Times*, 7 Feb. 2020, www.nytimes.com/2020/02/07/health/cdc-coronavirus-china.html.

February.⁴² The same day General Secretary Xi issued his order, the *Wall Street Journal* reported the outbreak was caused by a novel coronavirus.⁴³ Two days later, the CCP publicly acknowledged the novel coronavirus as the cause of the outbreak, but claimed “there is no evidence that the new virus is readily spread by humans, which would make it particularly dangerous, and it has not been tied to any deaths.” This announcement was 13 days after Wuhan hospital officials informed CCP health authorities the virus responsible for the outbreak was a coronavirus genetically similar to SARS-CoV, a virus known to be transmittable by humans.

The first death related to the outbreak was reported in Chinese state media on January 11th, as travelers from across China began to depart for the annual Spring Festival travel season. The same day, frustrated the CCP had not taken action in response to his January 5th warning, Shanghai Public Health Clinical Centre Professor Zhang Yongzhen published his lab’s genomic sequencing data of SARS-CoV-2 on virological.org, an online discussion forum for epidemiology and virus molecular evolution, and GenBank, an open access online database maintained by the National Center for Biotechnology Information within the U.S. National Institutes of Health (NIH). Hours later, the CCP’s National Health Commission announced that it would provide the WHO with the virus’ genomic sequencing. The next day, on January 12th, the CCP closed the Shanghai lab for “rectification.”⁴⁴ Meanwhile, the Wuhan Institute of Virology (WIV) published online the full genomic sequence of the virus it previously completed ten days prior on January 2nd and the CCP provided it to the WHO. It is likely that Professor Zhang’s online publication is what forced the CCP to finally share SARS-CoV-2’s genetic sequencing with the world.

On January 13th, one day after the genomic sequence was transmitted to the WHO, the first COVID-19 case outside of the PRC was reported in Thailand.⁴⁵ On January 14th, the Chief of WHO’s Emerging Disease Unit stated that “it is possible there is limited human-to-human transmission...but it is very clear right now that we have no sustained human-to-human transmissions.”⁴⁶ The WHO’s official Twitter account published a tweet the same day stating that “Chinese authorities have found no clear evidence of human-to-human transmission.”⁴⁷ This is despite the above-mentioned reports of Chinese healthcare workers contracting the virus from

⁴² Page.

⁴³ Khan, Natasha. “New Virus Discovered by Chinese Scientists Investigating Pneumonia Outbreak.” *The Wall Street Journal*, 9 Jan. 2020, www.wsj.com/articles/new-virus-discovered-by-chinese-scientists-investigating-pneumonia-outbreak-11578485668?mod=article_inline.

⁴⁴ Pinghui, Zhuang. “Lab That First Shared Coronavirus Sequence Closed for 'Rectification'.” *South China Morning Post*, 28 Feb. 2020, www.scmp.com/news/china/society/article/3052966/chinese-laboratory-first-shared-coronavirus-genome-world-ordered.

⁴⁵ Axios.

⁴⁶ Nebahay, Stephanie. “WHO Says New China Coronavirus Could Spread, Warns Hospitals Worldwide.” *Reuters*, 14 Jan. 2020, www.reuters.com/article/us-china-health-pneumonia-who/who-says-new-china-coronavirus-could-spread-warns-hospitals-worldwide-idUSKBN1ZD16J.

⁴⁷ (WHO), World Health Organization. “Preliminary Investigations Conducted by the Chinese Authorities Have Found No Clear Evidence of Human-to-Human Transmission of the Novel #Coronavirus (2019-NCoV) Identified in #Wuhan, #China. Pic.twitter.com/FnI5P877VG.” *Twitter*, 14 Jan. 2020, www.twitter.com/WHO/status/1217043229427761152?s=20

patients, a warning regarding human-to-human transmission from Taiwan to the WHO, and the public announcement by Dr. Ho at the University of Hong Kong.

On the same day that the WHO downplayed the risk of human-to-human transmission, a teleconference of provincial health officials was convened to convey instructions from several high-ranking CCP officials, including General Secretary Xi, Premier Li Keqiang, and Vice Premier Sun Chunlan. According to internal CCP documents obtained by the *Associated Press*, Ma Xiaowei, the head of China's National Commission of Health, informed the health officials that the situation "changed significantly"⁴⁸ with the confirmation of the Thailand case. According to Ma's memo, the CCP believed "the risk of transmission and spread [was] high"⁴⁹ due to the upcoming Spring Festival travel season. Ma assessed that "all localities must prepare for and respond to a pandemic."⁵⁰ In response, the China CDC in Beijing triggered a significant health response. The National Health Commission sent provincial health officials a 63-page instruction manual on how to respond to the outbreak, including requiring doctors and nurses to wear personal protective equipment. The instructions were marked "internal" and "not to be publicly disclosed."⁵¹ This meeting, and the publication of guidelines by the National Health Commission, is confirmed by the CCP's official timeline of events.⁵²

Regardless, on January 17th the first new case since January 5th was announced, the day after the annual sessions of the Wuhan and Hubei provincial legislative and advisory bodies concluded. It should be noted that these political events began on January 6th, likely indicating that announcements of new cases were suspended in order to avoid disrupting a major CCP political meeting.⁵³ The next day, on January 18th, during this undisclosed public health response period, 40,000 families attended potluck banquets across the city of Wuhan.⁵⁴

On January 20th, General Secretary Xi finally issued a public statement encouraging a strong response. For the six days prior, the CCP carried out a secretive response that did not inform the Chinese public, the WHO, or the world about the severity of the situation in Wuhan. The January 20th statement was also the first time the National Health Commission issued a statement confirming human-to-human transmission of the virus was occurring, despite warnings from local health officials to the CCP a month prior.⁵⁵ The next day, the first case of COVID-19 in the United States was confirmed.

⁴⁸ "China Didn't Warn Public of Likely Pandemic For 6 Key Days." *AP NEWS*, 15 Jan. 2020, <https://apnews.com/68a9e1b91de4ffc166acd6012d82c2f9>.

⁴⁹ *Ibid.*

⁵⁰ *Ibid.*

⁵¹ *Ibid.*

⁵² "China Publishes Timeline on COVID-19 Information Sharing, Int'l Cooperation." *Xinhua*, 6 Apr. 2020, www.xinhuanet.com/english/2020-04/06/c_138951662.htm.

⁵³ "China Didn't Warn Public of Likely Pandemic For 6 Key Days." *AP NEWS*, 15 Jan. 2020, <https://apnews.com/68a9e1b91de4ffc166acd6012d82c2f9>.

⁵⁴ The Star Online. "Wuhan Neighbourhood Sees Infections after 40,000 Families Gather for Potluck." *The Star Online*, 6 Feb. 2020, www.thestar.com.my/news/regional/2020/02/06/wuhan-neighbourhood-sees-infections-after-40000-families-gather-for-potluck.

⁵⁵ Wang, Yanan. "Human-to-Human Transmission Confirmed in China Coronavirus." *AP NEWS*, 20 Jan. 2020, <https://apnews.com/14d7dcffa205d9022fa9ea593bb2a8c5>

A delegation of WHO experts from its China and Western Pacific regional offices conducted a field mission to Wuhan on January 20th and 21st.⁵⁶ Their January 22nd report conceded there was evidence of human-to-human transmission but cautioned that more analysis was needed.⁵⁷ That same day, the Director-General of the WHO, Dr. Tedros Adhanom Ghebreyesus, convened the first meeting of the WHO Emergency Committee to discuss the outbreak. After two days of discussion, the Emergency Committee was divided on whether to declare a Public Health Emergency of International Concern (PHEIC).⁵⁸ Under Article 49 of the IHR, while the Emergency Committee provides its views to the Director-General, the Director-General alone has the authority to declare a PHEIC.⁵⁹ As Director-General, the decision rested with Dr. Tedros. He decided not to declare a PHEIC, stating, “This is an emergency in China, but it has not yet become a global health emergency. At this time, there is no evidence of human-to-human transmission outside China.”⁶⁰ Again, this was despite confirmed cases outside of the PRC, cases among healthcare staff within the PRC, and warnings from Taiwan and the University of Hong Kong that human-to-human transmission was occurring.

On the same day Director-General Tedros chose not to declare a PHEIC, the CCP implemented a city wide quarantine in Wuhan, halting all public transportation in and out of the city.⁶¹ However, due to the decision being delayed, an estimated five million people had already left Wuhan in the days and weeks prior.⁶² The CCP later suspended group travel abroad but allowed individuals to travel even though, according to the *Nikkei Asian Review*, “groups account for less than half of all Chinese tourists heading abroad.”⁶³ The announcement came seventeen days⁶⁴ after massive outbound traffic for the Spring Festival began.⁶⁵ Over the course

⁵⁶ “Mission Summary: WHO Field Visit to Wuhan, China 20-21 January 2020.” *World Health Organization*, www.who.int/china/news/detail/22-01-2020-field-visit-wuhan-china-jan-2020.

⁵⁷ “Mission Summary: WHO Field Visit to Wuhan, China 20-21 January 2020.” *World Health Organization*, 22 Jan. 2020, www.who.int/china/news/detail/22-01-2020-field-visit-wuhan-china-jan-2020.

⁵⁸ “Statement on the Meeting of the International Health Regulations (2005) Emergency Committee Regarding the Outbreak of Novel Coronavirus 2019 (n-CoV) on 23 January 2020.” *World Health Organization*, 23 Jan. 2020, [www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](http://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)).

⁵⁹ 2005 IHR.

⁶⁰ “WHO Director-General’s Statement on the Advice of the IHR Emergency Committee on Novel Coronavirus.” *World Health Organization*, 23 Jan. 2020, www.who.int/dg/speeches/detail/who-director-general-s-statement-on-the-advice-of-the-ihf-emergency-committee-on-novel-coronavirus.

⁶¹ Nakazawa, Katsuji. “China’s Inaction for 3 Days in January at Root of Pandemic.” *Nikkei Asian Review*, 18 Mar. 2020, <https://asia.nikkei.com/Editor-s-Picks/China-up-close/China-s-inaction-for-3-days-in-January-at-root-of-pandemic>

⁶² “Where Did They Go? Millions Left Wuhan Before Quarantine.” *Voice of America*, 9 Feb. 2020, www.voanews.com/science-health/coronavirus-outbreak/where-did-they-go-millions-left-wuhan-quarantine.

⁶³ Nakazawa.

⁶⁴ *Ibid*.

⁶⁵ “China Focus: China’s Mass Transit in High Gear as Spring Festival Travel Rush Starts.” *Xinhua*, 10 Jan. 2020, www.xinhuanet.com/english/2020-01/10/c_138694671.htm.

of the next several days, France,⁶⁶ Australia,⁶⁷ and Canada⁶⁸ reported their first confirmed cases of COVID-19. On January 28th, Director-General Tedros traveled to Beijing as part of a WHO mission. He once again praised the CCP's handling of the outbreak, citing the "transparency they have demonstrated, including sharing data and genetic sequence of the virus."⁶⁹ Nowhere in his comments did Director-General Tedros note that this information was only shared after it was leaked online by a Chinese researcher who was then punished as part of the CCP's cover-up.

Two days later, on January 30th, Director-General Tedros reconvened the Emergency Committee and, based on their recommendation, declared a PHEIC. According to the WHO, this decision was made "upon receipt of further information from outside China."⁷⁰ After repeated requests by the Committee for more specific information, the WHO stated that the confirmation of human-to-human transmission in Vietnam, the first case of such transmission outside of the PRC, was the trigger for the Emergency Committee's recommending the declaration of a PHEIC.⁷¹ By the time the PHEIC was declared, there were nearly 10,000 confirmed COVID-19 cases, including 83 cases in 18 countries outside of the PRC. Three countries had already confirmed human-to-human transmission within their borders.⁷² The same day, the first case of human-to-human transmission in the United States was confirmed.⁷³ Director-General Tedros would not declare COVID-19 a global pandemic until March 11th, 41 days later.⁷⁴

February and March 2020

In the days after the declaration of the PHEIC, the situation within the PRC continued to deteriorate. On February 1st, Wenzhou, a city in the eastern province of Zhejiang was shut down in a manner similar to Wuhan. The nine million inhabitants were restricted to their homes and highways leading to the city were closed.⁷⁵ On the same day, the first death outside of China

⁶⁶ "France Confirms First Three Cases of Wuhan Coronavirus in Europe." *France 24*, 24 Jan. 2020,

www.france24.com/en/20200124-france-confirms-first-two-cases-of-wuhan-coronavirus-china-bordeaux-paris.

⁶⁷ "Chief Medical Officer's Update on Novel Coronavirus." *Australian Government Department of Health*, 25 Jan. 2020, www.health.gov.au/news/chief-medical-officers-update-on-novel-coronavirus-2.

⁶⁸ Vieira, Paul. "Canadian Health Authorities Report 'Presumptive' Case of Coronavirus." *The Wall Street Journal*, 26 Jan. 2020, www.wsj.com/articles/canadian-health-authorities-report-presumptive-case-of-coronavirus-11579998212.

⁶⁹ "WHO, China Leaders Discuss Next Steps in Battle against Coronavirus Outbreak." *World Health Organization*, www.who.int/news-room/detail/28-01-2020-who-china-leaders-discuss-next-steps-in-battle-against-coronavirus-outbreak.

⁷⁰ Tedros, Adhanom Ghebreyesus. Letter to Ranking Member Michael McCaul. 20 July 2020.

⁷¹ Committee staff conversations with WHO. 2 Sept. 2020.

⁷² "Statement on the Second Meeting of the International Health Regulations (2005) Emergency Committee Regarding the Outbreak of Novel Coronavirus (2019-NCoV)." *World Health Organization*, 30 Jan. 2020, [www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](http://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)).

⁷³ "CDC Confirms Person-to-Person Spread of New Coronavirus in the United States." *Centers for Disease Control and Prevention*, 30 Jan. 2020, www.cdc.gov/media/releases/2020/p0130-coronavirus-spread.html.

⁷⁴ "WHO Director-General's Opening Remarks at the Media Briefing on COVID-19 - 11 March 2020." *World Health Organization*, 11 Mar. 2020, www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.

⁷⁵ "China Shuts down City of Wenzhou, Far from Virus Epicentre." *The Straits Times*, 4 Feb. 2020, www.straitstimes.com/asia/east-asia/china-shuts-down-city-of-wenzhou-far-from-virus-epicentre.

occurred in the Philippines. The 44-year-old man was a resident of Wuhan and had arrived in the Philippines from the PRC on January 21st,⁷⁶ two days prior to Wuhan being locked down.

Beginning February 2nd, quarantine efforts in Wuhan accelerated as the virus spread. Residents were required to have an official diagnosis to receive treatment, but hospitals were beyond capacity and not testing some patients, even when they presented with symptoms. Ambulances and emergency response personnel were overwhelmed – according to the *New York Times*, local citizens who needed help “called 120, China’s equivalent of the emergency number 911, only to be told that there were already hundreds of people in the queue.”⁷⁷ Doctors complained about a “shortage of testing kits and other medical supplies.”⁷⁸ A ban on public transportation meant that many residents had to walk to hospitals, sometimes for hours, to receive testing and treatment, when it was available.⁷⁹ Wuhan’s healthcare system was failing.

Days earlier, on January 28th, the PRC’s National Health Commission announced at a press conference that 10,000 hospital beds would be made available for COVID-19 patients in Wuhan. The announcement stated that more than 5,300 beds had already been designated, with 6,000 additional beds set to become available with the construction of makeshift hospitals.⁸⁰ According to the CCP, the official number of cases in Wuhan in early February was around 4,100.⁸¹ The clear disconnect between the number of official cases and the collapse of the local healthcare system suggests a clear underreporting of cases.

On February 7th, Dr. Li, who warned his former medical school classmates about the positive SARS tests in Wuhan, died from COVID-19 at Wuhan Central Hospital. As discussed elsewhere in the report, Dr. Li had been threatened with criminal charges for his WeChat messages about the test results and forced to sign a “confession” that recanted his statements as “false.” Initial reports of his death appeared on state media the evening of February 6th and led to an outpouring of grief on Chinese social media. This was followed by a statement from Wuhan Central Hospital claiming that Dr. Li was in critical condition, but still alive. Chinese state media reportedly then deleted their tweets announcing his death, which only hours later was confirmed by Wuhan Central as having occurred at 2:58 a.m. local time.⁸²

Dr. Li’s death set off a firestorm of criticism on Chinese social media. Within hours of his death, trending topics on Weibo included “Wuhan government owes Dr. Li Wenliang an

⁷⁶ Ramzy, Austin, and Tiffany May. “Philippines Reports First Coronavirus Death Outside China.” *The New York Times*, 2 Feb. 2020, www.nytimes.com/2020/02/02/world/asia/philippines-coronavirus-china.html.

⁷⁷ Qin, Amy. “Coronavirus Pummels Wuhan, a City Short of Supplies and Overwhelmed.” *The New York Times*, 2 Feb. 2020, www.nytimes.com/2020/02/02/world/asia/china-coronavirus-wuhan.html.

⁷⁸ *Ibid.*

⁷⁹ *Ibid.*

⁸⁰ “Wuhan to Provide over 10,000 Hospital Beds for Viral Pneumonia Patients: Official.” *Xinhua*, 28 Jan. 2020, www.xinhuanet.com/english/2020-01/28/c_138739314.htm.

⁸¹ Qin.

⁸² Xiong, Yong, and Nectar Gan. “Wuhan Hospital Announces Death of Whistleblower Doctor Li Wenliang.” *CNN*, 7 Feb. 2020, www.cnn.com/2020/02/06/asia/li-wenliang-coronavirus-whistleblower-doctor-dies-intl/index.html.

apology,”⁸³ “We want freedom of speech,”⁸⁴ and “I want freedom of speech.”⁸⁵ The last topic reportedly drew 1.8 million views by 5 a.m. local time. Comments posted under the statement released by Wuhan Central Hospital revealed the anger, distrust, and frustration of many Chinese citizens. *CNN* reported translations of several such comments:

- "I've learned two words: political rescue & performative rescue"
- "Countless young people will mature overnight after today: the world is not as beautiful as we imagined. Are you angry? If any of us here is fortunate enough to speak up for the public in the future, please make sure you remember tonight's anger."
- "I knew you would post this in the middle of the night."
- "You think we've all gone to sleep? No. We haven't."⁸⁶

The public backlash from Dr. Li's death was compounded by the rapidly increasing number of COVID-19 related deaths in the PRC. Within 24 hours of Dr. Li's death, the first American citizen died from COVID-19 in a hospital in Wuhan.⁸⁷ The next day, February 9th, the death toll from COVID-19 passed that of the SARS pandemic in 2002-2003.⁸⁸ As deaths continued to climb, Cui Taikai, the PRC's Ambassador to the United States, appeared on *Face the Nation*. In an interview with Margaret Brennan, Ambassador Cui sought to distance the PRC government from its harassment of Dr. Li while also justifying the CCP's behavior:

MARGARET BRENNAN: There has been some outcry on social media, particularly after the death of Dr. Li Wenliang. He had made public warnings for weeks before the government acknowledged this was happening. In fact, authorities had forced him to disavow what he had said previously, which turned out to be true. The Communist Party of China is now investigating this. Why?

AMBASSADOR CUI: Well, we are all very saddened about the death of Dr. Li. He is a good doctor. He was a devoted doctor, and he did his best to protect people's health. We are so grateful to him. **But you see, he was a doctor and a doctor could be alarmed by some individual cases. But as for the government, you have to do more. You have to base your decisions, your announcement on more solid evidence and signs.** (emphasis added)

MARGARET BRENNAN: But do you think silencing him in the beginning was a mistake?

AMBASSADOR CUI: **I- I don't know who tried to silence him** (emphasis added), but there was certainly a disagreement or people were not able to reach

⁸³ *Ibid.*

⁸⁴ *Ibid.*

⁸⁵ *Ibid.*

⁸⁶ *Ibid.*

⁸⁷ Zhong, Raymond, and Edward Wong. "First American Dies of Coronavirus, Raising Questions About U.S. Response." *The New York Times*, 8 Feb. 2020, www.nytimes.com/2020/02/08/world/asia/china-coronavirus-american-dead.html.

⁸⁸ "Deaths in China Surpass Toll From SARS." *The New York Times*, 9 Feb. 2020, www.nytimes.com/2020/02/09/world/asia/coronavirus-china.html.

agreement on what exactly the virus is, how it is affecting people. So there was a process of trying to discover more, to learn more about the virus. Maybe some people reacted not quickly enough. Maybe Dr. Li, he perceived some incoming dangers earlier than others, but this is- this could happen anywhere, but whenever we find there's some shortcoming, we'll do our best to correct it.⁸⁹

As this new narrative evolved, CCP officials continued to seek distance between top party officials and the mistakes made in Wuhan. On February 13th, the CCP fired the Communist Party secretaries of Hubei province and the city of Wuhan. Government notices indicated that “hundreds of other officials have been penalized and dozens were fired for not properly performing their duties during the outbreak.”⁹⁰ These punishments came as officials in Hubei instituted new case definitions for COVID-19, which resulted in a nine fold increase in the number of cases and a doubling of reported deaths. Ying Yong, who had been serving as the mayor of Shanghai, was tapped to replace the Hubei Party secretary.⁹¹ Ying has previously served under Xi and is known as a Xi loyalist.⁹² His appointment appeared to reassure some commenters on Chinese social media, with one user calling it a “wise adjustment of the party central committee.”⁹³

On February 15th, France announced the first confirmed death from COVID-19 outside of Asia, as an 80-year-old Chinese tourist in Paris succumbed to the disease.⁹⁴ That same day, the PRC instituted a massive wave of lockdowns and travel restrictions, affecting more than 760 million people across the country. More than half of the PRC’s population was now restricted, in varying degrees, to their homes.⁹⁵ Within days, videos began to emerge from the PRC, reportedly showing government officials welding shut the doors of homes and apartment buildings.⁹⁶

As the PRC began this widespread lockdown, Director-General Tedros addressed the Munich Security Conference about COVID-19, warning that the virus had “pandemic potential.”⁹⁷ He went on to say “it is impossible to predict which direction this epidemic will take,”⁹⁸ but that

⁸⁹ “Transcript: Ambassador Cui Tiankai on ‘Face the Nation,’ February 9, 2020.” *Face the Nation*, CBS News, 9 Feb. 2020, www.cbsnews.com/news/transcript-cui-tiankai-on-face-the-nation-february-9-2020/.

⁹⁰ Woo, Stu. “China Ousts Senior Officials as Beijing Seeks Distance From Outbreak.” *The Wall Street Journal*, 14 Feb. 2020, www.wsj.com/articles/china-ousts-top-official-in-coronavirus-outbreaks-epicenter-11581568911.

⁹¹ *Ibid.*

⁹² “President Xi Jinping's Pick to Fix Wuhan's Coronavirus Crisis: The Man Who Lured Tesla to China.” *Fortune*, 14 Feb. 2020, <https://fortune.com/2020/02/14/china-coronavirus-wuhan-hubei-province-ying-yong-tesla/>.

⁹³ Woo.

⁹⁴ Peltier, Elian. “France Confirms First Death in Europe From Coronavirus.” *The New York Times*, 15 Feb. 2020, www.nytimes.com/2020/02/15/world/europe/france-coronavirus-death.html.

⁹⁵ Zhong, Raymond, and Paul Mozur. “To Tame Coronavirus, Mao-Style Social Control Blankets China.” *The New York Times*, The New York Times, 15 Feb. 2020, www.nytimes.com/2020/02/15/business/china-coronavirus-lockdown.html.

⁹⁶ *Coronavirus: Welding Doors Shut*. CBC/Radio Canada, www.cbc.ca/player/play/1703503427818.

⁹⁷ “Munich Security Conference.” *World Health Organization*, 15 Feb. 2020, www.who.int/dg/speeches/detail/munich-security-conference.

⁹⁸ *Ibid.*

steps taken by the PRC have “bought the world time.”⁹⁹ Director-General Tedros defended his praise of the PRC, saying:

Much has been written and said about my praise for China. I have given credit where it’s due, and I will continue to do that, as I would and I did for any country that fights an outbreak aggressively at its source to protect its own people and the people of the world, even at great cost to itself.¹⁰⁰

The next day, on February 16th, international experts participating in the WHO-China Joint Mission on Coronavirus Disease 2019 arrived in Beijing. The mission, which included 25 experts from the PRC, Germany, Japan, Korea, Nigeria, Singapore, the United States (from the CDC and NIH), and the WHO, continued until February 24th.

Several key events occurred while the joint mission was in the PRC. On February 18th, Dr. Liu Zhiming, the director of the Wuchang Hospital in Wuhan, died from the virus. At the time, he was the most senior healthcare worker to succumb to the disease. In a dramatic reversal of the CCP’s handling of Dr. Li, Dr. Ai, and others, Chinese state media announced that doctors and nurses who die while battling the pandemic will be officially designated as “martyrs.”¹⁰¹ The next day, the PRC revoked the press credentials and expelled three *Wall Street Journal* reporters in response to an opinion piece published in the paper that was critical of the CCP’s handling of the outbreak. According to the *Wall Street Journal*, it was “the first time the Chinese government has expelled multiple journalists simultaneously from one international news organization since the country began re-engaging with the world in the post-Mao era.”¹⁰²

On February 20th, Hubei province rolled back the case counting method it instituted on February 13th. As a result, it reported just 349 new cases, compared to the almost 1,700 new cases the province reported on February 19th.¹⁰³ This change came 24 hours after the National Health Commission directed Hubei to only report cases in two categories “suspected cases” and “confirmed cases.”¹⁰⁴ Hubei had been including in its new case counts patients whose diagnosis was confirmed via CT scans or clinical presentation. As mentioned earlier, when Hubei adopted this more accurate reporting scheme, approximately 15,000 new cases were added to its total. After questions were raised about the scientific validity of removing these cases from new reports, Hubei changed its reporting policy yet again on February 21st. Ying, Xi’s handpicked replacement serving as Hubei’s Party secretary, ordered the cases to be added back and,

⁹⁹ *Ibid.*

¹⁰⁰ *Ibid.*

¹⁰¹ Griffiths, James. “Hospital Director Dies in Wuhan as China Designates Dead Nurses and Doctors as ‘Martyrs’.” *CNN*, 18 Feb. 2020, www.cnn.com/2020/02/17/asia/coronavirus-covid-19-update-intl-hnk/index.html.

¹⁰² “China Expels Three Wall Street Journal Reporters.” *The Wall Street Journal*, 19 Feb. 2020, www.wsj.com/articles/china-expels-three-wall-street-journal-reporters-11582100355.

¹⁰³ “The Chinese Province at the Heart of the Coronavirus Outbreak Changes How It Counts Cases-Again.” *Fortune*, 20 Feb. 2020, <https://fortune.com/2020/02/20/china-coronavirus-count-hubei-province/>.

¹⁰⁴ “《新型冠状病毒肺炎诊疗方案（试行第六版）》解读.” *National Health Commission*, 19 Feb. 2020, www.nhc.gov.cn/yzygj/s7652m/202002/54e1ad5c2aac45c19eb541799bf637e9.shtml.

according to an official at Hubei's health commission, "said that whoever removed them would be held responsible."¹⁰⁵

The next day, February 22nd, a subgroup of the WHO-China Joint Mission arrived in Wuhan. The report of the mission states the trip to Wuhan was undertaken by "select team members only."¹⁰⁶ Neither the nationality nor the affiliation of those team members is recorded. As part of the investigative process of this report, Ranking Member McCaul sent multiple letters to Director-General Tedros, requesting information on a variety of issues. Included in one such letter was a request for clarification as to who participated in this side trip to Wuhan. Director-General Tedros' response (a copy of which is included in the Appendix) simply repeated the information provided by the Joint Mission in its public report. In addition, House Foreign Affairs Committee Minority staff repeatedly requested this information from the WHO via phone calls and emails, but the WHO was unwilling to divulge which experts participated in the trip to Wuhan.

In conversations with the Committee, the U.S. Department of Health and Human Services (HHS) stated the Wuhan group consisted of three PRC scientists, the WHO delegation lead (a Canadian), the head of the Nigerian CDC, and an infection control expert from Germany. According to HHS, the two Americans, who were willing to travel to Wuhan, were not selected for the trip. They are not aware of how the selections were made.

After this information was provided to the Committee, Committee staff requested confirmation from the WHO. In an email to Committee staff, the WHO provided the following statement:

The WHO Team Leader, Dr. Bruce Aylward, spoke with the international members of the mission to determine and align on the most important issues to assess in Wuhan, within the context of the larger mission and its objectives, and to complement the findings at that point. The team agreed that the two most important issues in terms of the mission's specific objectives in informing the international response were understanding (i) the infection prevention and control (IPC) measures and challenges, given the concerning number of health care worker infections in Wuhan that had been reported during the mission, and (ii) the implementation and management of the massive public health measures that had been put in place – uniquely – in Wuhan and which could have important international implications. In consultation with the entire team, it was agreed that Dr Tim Eckmanns of the Robert Koch Institute, the team's IPC-expert, and Dr Chikwe Ihekweazu, the Director of the Nigeria Centre for Disease Control and the

¹⁰⁵ "China's Hubei to Add Virus Cases Back to Tally after Methodology Change." *Reuters*, 21 Feb. 2020, www.reuters.com/article/us-china-health-hubei-toll-idUSKBN20F1FD.

¹⁰⁶ "Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)." *World Health Organization*, www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf?sfvrsn=fce87f4e_2#:~:text=The%20Joint%20Mission%20consisted%20of,the%20People's%20Republic%20of%20China.

team's expert on large scale emergency management, had the most appropriate skill sets for this mission.

There is clear conflict between HHS' position that they are not aware as to how the selections for the Wuhan group were made, and the WHO's statement that the entire team was consulted in the decision-making process.

On February 24th, the Standing Committee of the National People's Congress announced that its annual session, the most important political event of the year, would be delayed due to the COVID-19 pandemic.¹⁰⁷ That same day, officials in Wuhan announced that visitors to the city who were currently stuck in Wuhan due to the lockdown and who did not have symptoms of the virus would be able to leave. This announcement was reversed only three hours later. The mayor of Wuhan, Zhou Xianwang, said that the order was made without authorization and that the responsible officials had been punished.¹⁰⁸

The next day was an important turning point for the pandemic. February 25th was the first day during which more new cases were reported from outside of the PRC than within.¹⁰⁹ 24 hours later, the WHO-China Joint Mission held a press conference to announce their findings. According to Director-General Tedros, the mission found that the outbreak in the PRC "peaked and plateaued between the 23rd of January and the 2nd of February, and has been declining steadily."¹¹⁰ As the WHO praised the PRC's handling of the outbreak, February came to an end. In the United States, the first death occurred within its borders.¹¹¹

On March 1st, the global death toll from the COVID-19 pandemic passed 3,000.¹¹² A second person died from COVID-19 in the United States. In the days that followed, the number of cases worldwide topped 100,000 as the pandemic continued to spread.¹¹³ On March 10th, as the WHO announced that 70% of reported cases in the PRC had recovered,¹¹⁴ Italy declared a nation-wide

¹⁰⁷ "China's Top Legislature Postpones Annual Session." *Xinhua*, 24 Feb. 2020, www.xinhuanet.com/english/2020-02/24/c_138814164.htm.

¹⁰⁸ "Confusion in Wuhan as Move to Ease Coronavirus Lockdown Is Reversed." *South China Morning Post*, 24 Feb. 2020, www.scmp.com/news/china/society/article/3052142/confusion-wuhan-move-ease-coronavirus-lockdown-reversed.

¹⁰⁹ "Coronavirus Disease 2019 (COVID-19) Situation Report – 37." *World Health Organization*, 26 Feb. 2020, www.who.int/docs/default-source/coronaviruse/situation-reports/20200226-sitrep-37-covid-19.pdf?sfvrsn=2146841e_2.

¹¹⁰ "WHO Director-General's Opening Remarks at the Mission Briefing on COVID-19 - 26 February 2020." *World Health Organization*, 25 Feb. 2020, www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19---26-february-2020.

¹¹¹ Mettler, Katie, and William Wan. "First Coronavirus Death in U.S. and New Cases Detected as Testing Expands." *The Washington Post*, 1 Mar. 2020, www.washingtonpost.com/health/first-us-coronavirus-death-prompts-new-travel-restrictions-from-trump/2020/02/29/4d492a7c-5b2b-11ea-9b35-def5a027d470_story.html.

¹¹² Renton, Adam, and Mike Hayes. "The Coronavirus Has Killed over 3,000 People across the Globe." *CNN*, 3 Mar. 2020, www.cnn.com/asia/live-news/coronavirus-outbreak-03-02-20-intl-hnk/h_0b9ad2a9445609ceb3466b0c5edc5162.

¹¹³ "UPDATED: Timeline of the Coronavirus: Think Global Health." *Council on Foreign Relations*, www.thinkglobalhealth.org/article/updated-timeline-coronavirus.

¹¹⁴ "The Latest: 70 Pct of COVID-19 Infections in China Has Recovered: WHO." *Xinhua*, 10 Mar. 2020, www.xinhuanet.com/english/2020-03/10/c_138860245.htm.

lockdown.¹¹⁵ Cases were reported in all 27 member countries of the European Union.¹¹⁶ The next day, the United Nations announced that approximately 20% of students around the world were out of school due to COVID-19.¹¹⁷

On March 11th, after more than 4,000 deaths and with more than 118,000 cases across 114 countries, Director-General Tedros finally declared COVID-19 a global pandemic. It appears from his comments that Director-General Tedros was nervous about the declaration. Throughout his speech, he highlighted the severity of the declaration of a pandemic while undermining the importance of the announcement:

“Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death.”¹¹⁸

Director-General Tedros also defended the WHO’s handling of the virus:

“WHO has been in full response mode since we were notified of the first cases. And we have called every day for countries to take urgent and aggressive action. We have rung the alarm bell loud and clear.”¹¹⁹

As can be seen from the facts above, his comments strain credulity and unfortunately, by this point, the damage was done. The world was in the grips of a global pandemic, one that had been exacerbated by the Chinese Communist Party’s cover-up of the early stages of the virus and the WHO’s mishandling of the outbreak.

III. THE CHINESE COMMUNIST PARTY’S COVER-UP

From the early stages of the pandemic, the CCP repeatedly acted to conceal vital information about the virus from their own people, the WHO, and the world. The timeline above notes several examples:

- The failure of the CCP to notify the WHO about the outbreak of a novel disease within their borders.
- The repeated failure of the CCP to notify the WHO of cases meeting the WHO definition of SARS.

¹¹⁵ “Coronavirus: Italy Extends Emergency Measures Nationwide.” *BBC News*, 10 Mar. 2020, www.bbc.com/news/world-europe-51810673.

¹¹⁶ “UPDATED: Timeline of the Coronavirus: Think Global Health.” *Council on Foreign Relations*, www.thinkglobalhealth.org/article/updated-timeline-coronavirus.

¹¹⁷ Renton, Adam. “20% Of Students across the World Are out of School Because of Coronavirus.” *CNN*, 12 Mar. 2020, www.cnn.com/world/live-news/coronavirus-outbreak-03-11-20-intl-hnk/h_18f6187342b1eb508dac90cb22375f81.

¹¹⁸ “WHO Director-General's Opening Remarks at the Media Briefing on COVID-19 - 11 March 2020.” *World Health Organization*, 11 Mar. 2020, www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.

¹¹⁹ *Ibid.*

- The decision not to immediately publish the WIV's completed genetic mapping of SARS-CoV-2, the virus that causes COVID-19, which would have shown its similarity to SARS-CoV and confirmed it to be a novel coronavirus.
- The shuttering of the Shanghai lab that published the SARS-CoV-2 genome online.
- The lack of new case announcements during CCP political meetings between January 6th and January 17th.
- The suppression of reports from medical doctors within the PRC providing evidence of human-to-human transmission.
- The six days of undisclosed response during January, during which General Secretary Xi and other senior CCP officials kept secret their knowledge that human-to-human transmission was occurring and that a pandemic was likely.

In addition to what has already been covered in this report, there are a multitude of other examples of the CCP's efforts to obfuscate, hide, and suppress information. Despite repeated requests, the CCP has refused to share PRC virus samples with the international community. Of note, on January 24th, CCP officials in Beijing prevented the WIV from sharing virus samples with a biosafety lab at the University of Texas medical branch in Galveston after the WIV had already agreed to share the samples.¹²⁰

CCP propagandists have also sought to sow disinformation and shift the blame away from their cover-up. As countries began to restrict travel, the CCP publicly and privately criticized them. In mid-February, the CCP revoked press credentials from Western news outlets that were actively covering the outbreak.¹²¹ On at least two occasions, CCP officials sent requests to State Senator Roger Roth, the president of the Wisconsin Senate, asking that the Senate pass a resolution praising the PRC's response to the pandemic.¹²² Germany has reported that similar requests were made within their borders by Chinese diplomats.¹²³

In other countries, the CCP has preemptively threatened countries who were critical of the PRC's handling of the early stages of the outbreak. According to the *New York Times*, a report initially prepared by officials in the European Union was censored, and then rewritten, at the demand of the CCP. The draft report criticized the CCP for, among other things, spreading disinformation related to the origins of SARS-CoV-2 and publishing false accusations on the website of the PRC Embassy in Paris accusing French politicians of using racist slurs to describe Director-General Tedros.¹²⁴ The draft publication reportedly included the following:

¹²⁰ Abutaleb, Yasmeen, et al. "The U.S. Was Beset by Denial and Dysfunction as the Coronavirus Raged." *The Washington Post*, 4 Apr. 2020, www.washingtonpost.com/national-security/2020/04/04/coronavirus-government-dysfunction/?arc404=true.

¹²¹ "China Expels Three Wall Street Journal Reporters." *The Wall Street Journal*, 19 Feb. 2020, www.wsj.com/articles/china-expels-three-wall-street-journal-reporters-11582100355

¹²² Wong, Edward, and Paul Mozur. "China's 'Donation Diplomacy' Raises Tensions with U.S." *The New York Times*, 14 Apr. 2020, www.nytimes.com/2020/04/14/us/politics/coronavirus-china-trump-donation.html.

¹²³ "Germany Says China Sought to Encourage Positive COVID-19 Comments." *The New York Times*, 27 Apr. 2020, www.nytimes.com/reuters/2020/04/27/world/europe/27reuters-health-coronavirus-germany-china.html.

¹²⁴ Apuzzo, Matt. "Pressured by China, E.U. Softens Report on Covid-19 Disinformation." *The New York Times*, 24 Apr. 2020, www.nytimes.com/2020/04/24/world/europe/disinformation-china-eu-coronavirus.html.

China has continued to run a global disinformation campaign to deflect blame for the outbreak of the pandemic and improve its international image. Both overt and covert tactics have been observed.¹²⁵

The CCP intervened to prevent its release. One European Union diplomat, Lutz Güllner, informed his colleagues via email that “The Chinese are already threatening with reactions if the report comes out.”¹²⁶ As a result, the above reference to global disinformation was removed, as was the criticism for the disparaging false article regarding French parliamentarians. One analyst reportedly described the changes as “self-censoring to appease the Chinese Communist Party.”¹²⁷

CCP officials in the PRC’s Foreign Ministry have also made unsubstantiated claims that the virus may have originated outside of the PRC.¹²⁸ Lijian Zhao, an official within the ministry, shared an article on Twitter that claimed that the virus was brought to the PRC by the U.S. military.¹²⁹ The article was from globalresearch.ca, a website that pushes pro-Putin propaganda and has reported ties to Russian state media.¹³⁰ His tweet was amplified by the Chinese Embassy in South Africa.¹³¹



Fig. 4 –Zhao Lijian tweet from March 12, 2020

¹²⁵ *Ibid.*

¹²⁶ *Ibid.*

¹²⁷ *Ibid.*

¹²⁸ “Foreign Ministry Spokesperson Zhao Lijian's Regular Press Conference on March 4, 2020.” *Ministry of Foreign Affairs of the People's Republic of China*, 4 Mar. 2020, www.fmprc.gov.cn/mfa_eng/xwfw_665399/s2510_665401/2511_665403/t1752172.shtml.

¹²⁹ Zhao, Lijian. “This Article Is Very Much Important to Each and Every One of Us. Please Read and Retweet It. COVID-19: Further Evidence That the Virus Originated in the US.” *Twitter*, 13 Mar. 2020, www.twitter.com/zlj517/status/1238269193427906560

¹³⁰ Thomas, Elise, and Aspi. “Chinese Diplomats and Western Fringe Media Outlets Push the Same Coronavirus Conspiracies.” *The Strategist*, 30 Mar. 2020, www.aspistrategist.org.au/chinese-diplomats-and-western-fringe-media-outlets-push-the-same-coronavirus-conspiracies/.

¹³¹ Chinese Embassy in South Africa. “More Evidence Suggests That the Virus Was Not Originated at the Seafood Market in Wuhan at All, Not to Mention the so Called ‘Made in China’.” *Twitter*, 16 Mar. 2020, www.twitter.com/ChineseEmbSA/status/1239453193689587712

This conspiracy theory was also pushed by the Arabic language site of PRC state media company CGTN, who published an Arabic-language article also claiming COVID-19 originated in the United States.¹³² In late March, CCP state media shifted their story again, publicizing a narrative that implied the virus originated in Italy.¹³³

Perhaps most critically, the CCP manipulated case statistics throughout the outbreak in an effort to minimize the significance of the spread of SARS-CoV-2 and the corresponding number of cases of COVID-19. From the beginning, the CCP only allowed some symptomatic cases to be reported. Prior to mid-February, the CCP only reported cases that were symptomatic, clinically diagnosed, and confirmed by laboratory tests. On February 13th, this standard was relaxed in Hubei province for those unable to get a test or still waiting on results. After this change in policy, the CCP reported 14,840 new cases in one day.¹³⁴ On March 22nd, reports emerged that classified CCP data showed that by the end of February some 43,000 asymptomatic people in China had tested positive for the virus, representing one-third of all cases.¹³⁵ It was not until March 31st, after reports surfaced that CCP guidelines prevented asymptomatic cases from being included in the number of confirmed cases, that this policy was reversed.¹³⁶

In late March, Wuhan residents told *Radio Free Asia* the CCP's official death toll of 2,500 was impossibly low. The reporting indicated the Hankou Funeral Home received a shipment of 5,000 new urns from a supplier in a single day. Seven large funeral homes in Wuhan were reportedly returning the cremated remains of approximately 500 people to their families each day. According to one Wuhan resident, many believed the actual death toll was in excess of 40,000 by the end of March.¹³⁷

Harassment of Healthcare Professionals and Disappearances of Journalists

The CCP's cover-up was not limited to the suppression of data or case numbers but involved gross violations of human rights as well. Three citizen journalists were disappeared after publishing videos taken in Wuhan of hospitals and crematoriums. One, Li Zehua, resurfaced on April 23rd. In a video posted online, Li said that he was removed from his apartment on February 26th by CCP security agents, who detained him for 24 hours for "disrupting public order" before forcibly quarantining him in a hotel until March 14th. He was then returned to Wuhan and forced

¹³² "Six Questions for the United States: Where Did the New Coronavirus Come from?" *Arabic CGTN*, 24 Mar. 2020, <https://arabic.cgtv.com/n/BfJAA-cA-GAA/DFfBIA/index.html>

¹³³ Gitter, David, et al. "China Will Do Anything to Deflect Coronavirus Blame." *Foreign Policy*, 30 Mar. 2020, www.foreignpolicy.com/2020/03/30/beijing-coronavirus-response-see-what-sticks-propaganda-blame-ccp-xi-jinping/

¹³⁴ Feng, Emily, and Scott Neuman. "A Change in How 1 Chinese Province Reports Coronavirus Adds Thousands of Cases." *NPR*, 13 Feb. 2020, www.npr.org/sections/goatsandsoda/2020/02/13/805519117/a-change-in-how-one-chinese-province-reports-coronavirus-adds-thousands-of-cases?utm_medium=RSS&utm_campaign=globalhealth

¹³⁵ Ma, Josephine, et al. "A Third of Virus Cases May Be 'Silent Carriers', Classified Data Suggests." *South China Morning Post*, 23 Mar. 2020, www.scmp.com/news/china/society/article/3076323/third-coronavirus-cases-may-be-silent-carriers-classified.

¹³⁶ Renton, Adam, and Mike Hayes. "March 31 Coronavirus News." *CNN*, 1 Apr. 2020, www.cnn.com/world/live-news/coronavirus-pandemic-03-31-20/index.html.

¹³⁷ "Estimates Show Wuhan Death Toll Far Higher Than Official Figure." *Radio Free Asia*, 1 Apr. 2020, www.rfa.org/english/news/china/wuhan-deaths-03272020182846.html.

to quarantine for another 14 days.¹³⁸ According to the Committee to Protect Journalists, Li originally traveled to Wuhan to investigate the disappearance of another journalist, Chen Quishi, who the CCP had previously disappeared. Neither Chen Quishi nor Fang Bin, another journalist who was disappeared, have resurfaced.

Additionally, there are multiple, disturbing examples of the CCP harassing and detaining Chinese doctors who attempted to warn others about the realities of the outbreak. Dr. Li, the doctor noted above who revealed on WeChat there were seven confirmed cases of SARS connected to the Huanan market, was reprimanded by hospital officials. On January 3rd, four days after he warned his fellow doctors, Dr. Li was forced by the Wuhan Public Security Bureau to sign a letter that accused him of “making false comments” that “severely disturbed the social order.”¹³⁹ He was also threatened with criminal prosecution. Dr. Li was one of at least eight doctors in Wuhan harassed by the police for publicly discussing the outbreak.¹⁴⁰ Their punishment was broadcast on national television, intimidating other doctors and discouraging them from speaking up.¹⁴¹ After Dr. Li signed the letter he returned to work, where he contracted the virus five days later. After being admitted to the emergency department of the same hospital in which he worked, Dr. Li died on February 7th.¹⁴²

Dr. Li and the other seven doctors were not the only medical professionals that were harassed by CCP officials. Dr. Ai, who shared the laboratory test confirming SARS with Dr. Li, ordered her staff to begin wearing masks on January 1st after a healthcare worker arrived in her Emergency Department from another hospital. The patient, an owner of a private clinic, became ill after treating patients with a fever. That evening, Dr. Ai was ordered to appear before the hospital’s discipline board the next day, where she was blamed for “spreading rumors.”¹⁴³ Despite efforts to defend herself and explain her concerns regarding human-to-human transmission, the board accused her of causing panic and said she “damaged the stability” of Wuhan.¹⁴⁴ On January 11th, it was confirmed that one of Dr. Ai’s nurses had contracted the virus. After calling an emergency meeting of the hospital, her superiors directed the nurse’s medical chart to be altered to reflect a less serious diagnosis. Five days later, hospital officials reiterated their denial that human-to-human transmission of the virus was occurring.¹⁴⁵ On March 10th, the Chinese magazine *Renwu* published an interview with Dr. Ai on her first-hand account of her treatment and the CCP’s suppression of information regarding the outbreak. Within three hours, the original report was removed by CCP censors.

¹³⁸ “Chinese Citizen Journalist Resurfaces After Going Missing in Wuhan.” *The New York Times*, 23 Apr. 2020, www.nytimes.com/reuters/2020/04/23/world/asia/23reuters-health-coronavirus-china-journalist.html.

¹³⁹ “Li Wenliang: Coronavirus Kills Chinese Whistleblower Doctor.” *BBC News*, 7 Feb. 2020, www.bbc.com/news/world-asia-china-51403795.

¹⁴⁰ “China Exonerates Doctor Reprimanded for Warning of Virus.” *POLITICO*, 20 Mar. 2020, www.politico.com/news/2020/03/20/china-exonerates-doctor-reprimanded-for-warning-of-virus-138637.

¹⁴¹ “China Didn’t Warn Public of Likely Pandemic For 6 Key Days.” *AP NEWS*, 15 Jan. 2020, <https://apnews.com/68a9e1b91de4ffc166acd6012d82c2f9>.

¹⁴² *BBC News*.

¹⁴³ *Page*.

¹⁴⁴ *Ibid*.

¹⁴⁵ Gong, Jingqi. “Whistleblower.” *Renwu*, 10 Mar. 2020. Retrieved: <http://archive.is/OLdHs>

Healthcare professionals in Wuhan were not the only ones subject to such treatment. On January 26th, the CCP's Discipline Inspection Commission for Taizhou City Number Two People's Hospital issued a notice regarding Li Min, a nurse at the hospital. Li was punished for discussing the COVID-19 outbreak with her classmates via WeChat and reprimanded for lacking the proper "discipline." The notice, which includes a broader warning to the entire hospital, is clearly intended to suppress discussion of the outbreak on social media platforms, including with groups of family and friends. It is important to note that the notice is dated two days prior to Director-General Tedros' arrival in Beijing to discuss COVID-19 with General Secretary Xi.

泰州市第二人民医院

关于急诊科护士李敏违反新型冠状病毒感染的肺炎疫情防控工作纪律处理意见的通报

各部门、各科室：

当前，正值新型冠状病毒感染的肺炎疫情防控的关键时期，全院广大干部职工在各级政府及卫生行政主管部门的坚强领导下，团结一心，抗击疫情，但仍有个别人员纪律意识不强。2020年1月26日，急诊科护士李敏，无视疫情防控工作纪律，与同学微信聊天时擅自谈论疫情防控相关信息，聊天记录被其同学发至微信群，造成不良影响。根据泰州二院《关于强化新型冠状病毒感染的肺炎疫情防控工作监督执纪问责的通知》规定，决定给予李敏全院通报批评处理，后续处理意见待进一步研究确定。请各科室引以为戒，切实加强医务人员纪律教育，任何人不得擅自接受媒体采访或发布疫情防控相关信息，不得在家族群、同学群等微信群发布相关敏感信息。



Fig. 5 – Discipline Notice from the CCP's Discipline Inspection Commission for Taizhou City Number Two People's Hospital

While anecdotal, this example raises the question of how many other healthcare professionals were punished or silenced by the CCP? Open conversation between healthcare providers helps inform patient treatment and allows the sharing of best practices. The CCP's efforts to silence healthcare providers through fear is a disturbing example of the party's effort to control information and cover up their mishandling of the pandemic.

Failure to Adhere to the International Health Regulations

During late 2002 and early 2003, the PRC failed to report the outbreak of a new and deadly disease within their borders. After four months, they notified the WHO that they had an ongoing SARS outbreak. CCP efforts to cover up the source of the outbreak and their refusal to share information was identified as a key factor in the outbreak growing to the scale it did.¹⁴⁶ All told, SARS spread to 28 countries outside of the PRC, resulting in more than 8,000 cases and 774 known deaths.¹⁴⁷

As a result, in 2005, the WHO Member States agreed to update the International Health Regulations (IHR). The IHR is a legally binding instrument that obligates all Member States of the WHO to carry out certain public health functions. Article 6 requires Member States to inform the WHO of all events occurring within their borders that may constitute a Public Health Emergency of International Concern (PHEIC). Annex 2 of the IHR is a “decision instrument” that provides countries a framework to determine if an event needs to be reported. According to the WHO Guidance for the Use of Annex 2 (a copy of which is provided in the Appendix), there are two categories of public health events that require Member State notification to the WHO:

A) all events that fulfill any two of four situational public health criteria specified below.

B) any event involving one or more cases of four specific diseases (Small pox, SARS, Human Influenza caused by a new subtype, Poliomyelitis due to wildtype poliovirus), irrespective of the context in which they occur, because they are by definition unusual or unexpected and may cause serious public health impact.¹⁴⁸

Under the first category, the four situational public health criteria are:

1. Is the public health impact of the event serious? (yes/no)
2. Is the event unusual or unexpected? (yes/no)
3. Is there any significant risk of international spread? (yes/no)
4. Is there any significant risk of international travel or trade restrictions? (yes/no)¹⁴⁹

The WHO guidance provides questions and examples of circumstances to be used when determining the answer to the four criteria above. Criterion one provides several questions, including one that asks if “the event [has] the potential to have a high public health impact?” The provided examples of circumstances that contribute to a high public health impact include a “pathogen with high potential to cause an epidemic” and “cases among health staff.” Given that

¹⁴⁶ Epstein, Gady A. “SARS Outbreak Exposing Flaws in China Regime.” *Baltimoresun.com*, Baltimore Sun, 23 Apr. 2003, www.baltimoresun.com/bal-te.china23apr23-story.html.

¹⁴⁷ Pasley, James. “How SARS Terrified the World in 2003, Infecting More than 8,000 People and Killing 774.” *Business Insider*, 20 Feb. 2020, www.businessinsider.com/deadly-sars-virus-history-2003-in-photos-2020-2.

¹⁴⁸ The World Health Organization, *WHO Guidance for the Use of Annex 2 of the INTERNATIONAL HEALTH REGULATIONS (2005)*, WHO/HSE/IHR/2010.4. https://www.who.int/ihr/revised_annex2_guidance.pdf

¹⁴⁹ *Ibid.*

the virus had been identified as related to SARS-CoV and that cases were reported amongst healthcare staff in Wuhan, under the guidelines, the CCP's answer to the above question should have been "yes" and the first criterion should have been satisfied.

Similarly, the CCP's answer to the second criterion should have also been "yes." The outbreak in Wuhan was unusual, in that it was caused by an unknown agent and from an unknown source; two examples provided in the WHO guidance. At this point, two criteria having been satisfied, the CCP should have notified the WHO in accordance with Annex 2. **The CCP failed to do so.**

An examination of the remaining criteria also suggests that both of the other criteria were satisfied. The third criterion assesses whether the event poses a significant risk of international spread. The guidance asks if there is "any factor that should alert WHO to the potential for cross border movement of the agent, vehicle or host?" During the 2003 SARS pandemic, the PRC did not publicly acknowledge the outbreak before the beginning of the Spring Festival travel season. As a result, SARS quickly spread in Guangdong before appearing in Hong Kong and countries outside of the PRC.¹⁵⁰ Given the direct correlation between the decision not to warn the public before the Spring Festival during the 2003 outbreak and the spread of the virus, the millions of trips abroad scheduled in late January and early February 2020 alone should have given the CCP cause to answer this criterion in the affirmative.

Finally, the fourth criterion regards significant risk to international travel and trade. WHO guidance questions include: "Have similar events in the past resulted in international restrictions? Is the source suspected or known to be a food product...that [is] imported/exported internationally? Are there requests for information by foreign officials or international media?" In the case of the early stages of the outbreak, the CCP's answer to criterion four should have been a resounding "yes." The 2003 SARS pandemic resulted in travel advisories and cargo quarantines. CCP officials knew that the cases were confirmed by laboratories to be SARS. The CCP knew the early outbreak was centered in or around the Huanan market, which included multiple species of animals known to carry coronaviruses that can infect humans. Local and international media outlets were beginning to break stories about the cases of atypical pneumonia.

In sum, as early as mid-December, and no later than December 27th, the CCP had enough information to assess it was legally obligated to inform the WHO that the outbreak in Wuhan was an event "that may constitute a Public Health Emergency of International Concern."¹⁵¹ Had the CCP not been committed to covering up the outbreak, it would have answered YES to all four of the criteria and notified the WHO. **The CCP failed to do so.**

When considering the second category of public health events that Member States are legally bound to report to the WHO, the CCP's failure to fulfill their obligation under the IHR is even clearer. The second category requires notification of:

¹⁵⁰ Epstein.

¹⁵¹ The World Health Organization, *WHO Guidance for the Use of Annex 2 of the INTERNATIONAL HEALTH REGULATIONS (2005)*, WHO/HSE/IHR/2010.4. https://www.who.int/ihr/revised_annex2_guidance.pdf.

Any event involving one or more cases of four specific diseases (Small pox, SARS, Human Influenza caused by a new subtype, Poliomyelitis due to wildtype poliovirus), irrespective of the context in which they occur, because they are by definition unusual or unexpected and may cause serious public health impact.¹⁵²

The same WHO guidance defines a notifiable case of SARS as “an individual with laboratory confirmation of infection with SARS coronavirus (SARS-CoV) who either fulfils the clinical case definition of SARS”¹⁵³ or has worked with SARS-CoV in a laboratory. The clinical case definition for SARS consists of four criteria:

1. A history of fever, or documented fever; AND
2. One or more symptoms of lower respiratory tract illness (cough, difficulty breathing, shortness of breath); AND
3. Radiographic evidence of lung infiltrates consistent with pneumonia or acute respiratory distress syndrome (ARDS) or autopsy findings consistent with the pathology of pneumonia or ARDS without an identifiable cause; AND
4. No alternative diagnosis can fully explain the illness.¹⁵⁴

As early as mid-December, when the 65-year-old gentleman was admitted to Wuhan Central, hospitals in the city were treating dozens of patients who satisfied this clinical definition of SARS. Several workers from the Huanan market and their family members presented with a fever, cough, lung infiltrates consistent with pneumonia, and no alternative diagnosis. On December 27th the Hubei Provincial Hospital of Integrated Chinese and Western Medicine informed the Wuhan CDC that a SARS-like novel coronavirus is responsible for the disease outbreak in Wuhan.¹⁵⁵ According to public reporting, there were at least seven patients who received laboratory confirmation of a SARS coronavirus infection.¹⁵⁶

As stated in the WHO guidance, a single case of SARS, confirmed by both laboratory results and a clinical diagnosis, requires Member States to notify the WHO. By December 30th, CCP health authorities knew that at least seven patients in Wuhan met this requirement.

The next day, December 31st, WHO headquarters in Geneva directed the WHO China Country Office to seek verification of media reports concerning the ongoing outbreak. The PRC did not inform the WHO about the outbreak, their knowledge that multiple patients were diagnosed with SARS, or that the outbreak was being caused by a novel coronavirus genetically similar to SARS-CoV. **The CCP’s failure to notify the WHO about the outbreak was a violation of Article 6 of the IHR. The CCP’s failure to report the SARS cases under Annex**

¹⁵² *Ibid.*

¹⁵³ *Ibid.*

¹⁵⁴ *Ibid.*

¹⁵⁵ Page.

¹⁵⁶ Petersen, Eskild, et al. “Li Wenliang, a face to the frontline healthcare worker. The first doctor to notify the emergence of the SARS-CoV-2, (COVID-19), outbreak.” *International Journal of Infectious Diseases*, vol. 93, 1 Apr. 2020, pg. 205-207, doi:10.1016/j.ijid.2020.02.052

2 was also violation of Article 6. The CCP's failure to provide the WHO with the genetic sequence of the virus, already produced by the WIV, was likely also a violation of Article 6, which requires Member States to provide "all relevant public health information" about events that may constitute a PHEIC.

Similarity to CCP Actions during the 2003 SARS Pandemic

Given CCP malfeasance during the 2003 SARS pandemic was the basis for the 2005 reforms to the IHR, it is prudent to examine their failures in handling SARS and how they compare with the mishandling of COVID-19. During the early stages of the SARS outbreak, the PRC banned the Chinese press from reporting on the outbreak.¹⁵⁷ As early as January 27, 2003, classified documents in Beijing were produced discussing the outbreak.¹⁵⁸ Once it did notify the WHO, four months after the start of the outbreak, the CCP continued to provide inaccurate information about the number of SARS cases within its borders.¹⁵⁹

Similar to the early days of COVID-19, requests for access to the epicenter of the SARS outbreak were denied by the CCP. Even after the WHO was admitted, the cover-up continued; CCP officials went so far as to put SARS patients in hospital rooms and in ambulances driving around the city to hide them from the WHO.¹⁶⁰ As mentioned earlier in this report, in early 2003 the CCP failed to warn the public about the outbreak prior to the massive travel season surrounding the Spring Festival.

In mid-February 2020, the CCP announced the firing of the Communist Party secretaries for Hubei province and Wuhan and punishments for hundreds of lower level government officials, as discussed above. The announcement was well received on Chinese social media, with one commenter supporting "the wise adjustment of the party central committee."¹⁶¹ During the SARS pandemic, the CCP employed similar tactics, firing the PRC's health minister and the mayor of Beijing. These high-profile government officials were scapegoated in order to recover public support and protect the top leaders of the CCP, who in both instances have remained in power.¹⁶²

It is evident that there are clear correlations between the CCP's behavior during the 2003 SARS pandemic and the ongoing COVID-19 global pandemic. To date we have identified nine behaviors that the CCP engaged in during both their failed handling of SARS and their cover-up regarding COVID-19:

CCP Actions	SARS	COVID-19
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¹⁵⁷ Rosenthal, Elisabeth, and Lawrence K. Altman. "China Raises Tally of Cases and Deaths in Mystery Illness." *The New York Times*, 27 Mar. 2003, www.nytimes.com/2003/03/27/world/china-raises-tally-of-cases-and-deaths-in-mystery-illness.html.

¹⁵⁸ Tkacik, John. "An American Response to China's SARS Failures." *The Heritage Foundation*, 25 Apr. 2003, www.heritage.org/asia/report/american-response-chinas-sars-failures.

¹⁵⁹ Rosenthal.

¹⁶⁰ Epstein, Gady A. "Chinese Admit to SARS Mistakes." *Baltimoresun.com*, Baltimore Sun, 1 Apr. 2003, www.baltimoresun.com/bal-te.sars21apr21-story.html.

¹⁶¹ Woo.

¹⁶² *Ibid.*

Waited to inform the WHO?	✓	✓
Subsequently hid information from the WHO?	✓	✓
Hid their knowledge of the severity of the outbreak?	✓	✓
Disrupted press from reporting?	✓	✓
Response kept secret until after the Spring Festival travel season began?	✓	✓
Limited access of outside experts to epicenter of the outbreak?	✓	✓
Claimed the virus was under control?	✓	✓
Underreported number of cases?	✓	✓
Firing of select CCP officials as scapegoats?	✓	✓

The startling similarity in the CCP's mishandling of the two outbreaks only adds to the evidence that the spread and impact of COVID-19 could have been prevented. The PRC had faced a similar crisis before, sought to hide it, and the world suffered for their mistake. When faced with a second, incredibly similar scenario, CCP officials doubled down on their past mistakes and COVID-19 became the second, more deadly and damaging chapter of a story that began in 2002.

Supply Chain Nationalization and Economic Manipulation

As early as February 3rd, the PRC's National Development and Reform Commission (NDRC) assumed responsibility for the provision of medical supplies for the domestic COVID-19 response.¹⁶³ According to the Congressional Research Service (CRS), this nationalized control of the medical supply chain included "commandeer[ing] medical manufacturing and logistics down to the factory level."¹⁶⁴ In addition, NDRC "has been directing the production and distribution of all medical-related production, **including U.S. companies' production lines in China** (emphasis added), for domestic use."¹⁶⁵ This enabled the PRC to increase production of face masks from 20 million to more than 100 million per day, at the expense of foreign companies being allowed to export their products – several manufactures have stated that the PRC would not authorize them to export PPE produced in their facilities.¹⁶⁶

It is highly likely that China's nationalization of the manufacturing capacity of foreign companies, including 3M and General Motors, directly impacted the ability of the United States and other countries to procure PPE on the global market. On the same day the PRC began seizing and nationalizing production means, the PRC's Ministry of Commerce ordered bureaucrats, local

¹⁶³ "China Tweaks Authority over Medical Mask Supply amid Shortage." *South China Morning Post*, 14 Feb. 2020, www.scmp.com/economy/china-economy/article/3048744/coronavirus-mask-shortage-prompts-beijing-tweak-authority.

¹⁶⁴ Congressional Research Service. *COVID-19: China Medical Supply Chains and Broader Trade Issues* (R46304), Prepared by Karen M. Sutter, Andres B. Schwarzenberg, and Michael D. Sutherland. Washington: Library of Congress, 6 Apr. 2020. <https://crsreports.congress.gov/product/pdf/R/R46304>

¹⁶⁵ *Ibid.*

¹⁶⁶ *Ibid.*

officials, and domestic industries to procure medical supplies and related raw material inputs on the global market. 51 medical suppliers and distributors across 14 countries and regions were targeted. As a result, the PRC experienced sharp increases in PPE imports and marked decreases in related exports.¹⁶⁷

These efforts were often implemented through non-traditional buyers, likely in an effort to reduce competition. In Australia, for example, two different, Chinese-owned property development firms – Risland and Greenland Australia – procured massive amounts of PPE on the Australian market, **at the direction of the PRC government**. According to CRS:

Risland—a wholly-owned subsidiary of one of China’s largest property developers, Country Garden Holdings—reportedly shipped 82 tons of medical supplies from Australia to China on February 24, 2020. The shipment included 100,000 medical gowns and 900,000 pairs of gloves. Greenland Australia—a subsidiary of another large Chinese property developer backed by the Chinese government, Greenland Group—implemented instructions from the Chinese government to secure bulk supplies of medical items from the global market. Greenland reportedly sourced from Australia and other countries, 3 million protective masks, 700,000 hazmat suits, and 500,000 pairs of gloves for export to China over several weeks in January and February 2020.¹⁶⁸

In addition to nationalizing foreign companies and buying up resources from the open market, the CCP also threatened to cut off supplies to countries who questioned their false account of the early stages of the pandemic. **One article, published by the state-run press agency Xinhua News, stated that if the CCP chose to ban pharmaceutical ingredient exports to the United States, the country would be “plunged into the mighty sea of coronavirus.”**¹⁶⁹ This tactic, of threatening foreign governments with export bans or supply chain disruptions, is one that the CCP has deployed repeatedly during the pandemic.

This tactic of economic manipulation not only impacted the initial stages of the outbreak, affecting the ability of countries to procure necessary medical equipment, but is currently being used to pressure and coerce countries seeking accountability for the outbreak and the CCP’s cover-up. In late April, Australia joined the ranks of countries requesting an international investigation into the origins of COVID-19 and the early stages of the outbreak. On April 26th, an interview with PRC Ambassador to Australia Cheng Jingye was published in the Australian Financial Review.¹⁷⁰

¹⁶⁷ *Ibid.*

¹⁶⁸ *Ibid.*

¹⁶⁹ “理直气壮，世界应该感谢中国。” *Xinhua News*, 4 Mar. 2020, www.xinhuanet.com/2020-03/04/c_1125660473.htm.

¹⁷⁰ Tillett, Andrew. “China Consumer Backlash Looms over Morrison’s Coronavirus Probe.” *Australian Financial Review*, 26 Apr. 2020, www.afr.com/politics/federal/china-consumer-backlash-looms-over-morrison-s-coronavirus-probe-20200423-p54mpl.

In the interview, Ambassador Cheng accused the Australian government of “teaming up with those forces in Washington”¹⁷¹ and “launch[ing] a kind of political campaign against China.”¹⁷² When he was asked about the impact of the request for a coronavirus inquiry on PRC exports to Australia, the Ambassador replied “It is up to the people to decide. Maybe the ordinary people will say ‘Why should we drink Australian wine? Eat Australian beef?’”¹⁷³ Within days, the PRC suspended beef imports from Australia’s four largest meat processors. On May 18th, the PRC announced tariffs totaling 80.5% on Australian barley imports that will remain in place for five years. The actions were justified as being in response to Australian “dumping” of barley – Australia is the largest supplier of barley to the PRC, who is the world’s largest importer of the grain. The tariffs are expected to essentially end a \$1 billion per year trade. The brunt of the impact will be felt by Australian farmers, as the PRC is able to shift their purchases to other countries.¹⁷⁴

The Likely Impact of the CCP’s Cover Up on the Global Response

As a result of intentional efforts to mislead the global community and delays in releasing factual information about the virus, the CCP cover-up greatly impacted the global response to COVID-19. Even once the response began, it was informed by WHO guidelines developed based on CCP lies and disinformation. According to John Mackenzie, a member of the WHO Executive Committee, the international response would have been different if not for the CCP’s “reprehensible”¹⁷⁵ obfuscation of the outbreak’s extent. When asked about the delay, Zuo-Feng Zhang, an epidemiologist at the University of California, Los Angeles, said:

This is tremendous. If they took action six days earlier, there would have been much fewer patients and medical facilities would have been sufficient. We might have avoided the collapse of Wuhan’s medical system.¹⁷⁶

It is possible to calculate, at least partially, the impact of the CCP cover-up on the spread of the virus. A study conducted by researchers at the University of Southampton examined the impact of three non-pharmaceutical interventions (NPIs) – travel restrictions, containment measures, and contact restrictions (social distancing, masks, etc.) – on the spread of the virus in China. According to their research, the implementation of these NPIs prior to the January 23rd lockdown of Wuhan would have reduced the number of cases by 66% (one week earlier), 86% (two weeks earlier), or 95% (three weeks earlier).¹⁷⁷

¹⁷¹ *Ibid.*

¹⁷² *Ibid.*

¹⁷³ *Ibid.*

¹⁷⁴ Patton, Dominique. “China Hits Australia with Barley Tariff in Latest Blow to Relations.” *Reuters*, 18 May 2020, www.reuters.com/article/us-china-australia-barley/china-hits-australia-with-barley-tariff-in-latest-blow-to-relations-idUSKBN22U1J6.

¹⁷⁵ Wong, Sue-Lin. *WHO Expert Says China Too Slow to Report Coronavirus Cases*. Financial Times, 5 Feb. 2020, www.ft.com/content/8ede7e92-4749-11ea-aeb3-955839e06441.

¹⁷⁶ “China Didn’t Warn Public of Likely Pandemic For 6 Key Days.” *AP NEWS*, 15 Jan. 2020, <https://apnews.com/68a9e1b91de4ffc166acd6012d82c2f9>.

¹⁷⁷ Lai, Shengjie, et al. “Effect of Non-Pharmaceutical Interventions for Containing the COVID-19 Outbreak in China.” *MedRxiv*, 2020, doi:10.1101/2020.03.03.20029843.

By comparing the earlier timeline to the information in this study it is clear CCP health officials and senior leadership had the information required, at a date early enough, to reduce China's COVID-19 cases by at least 86% compared to the estimated caseload at the end of February.¹⁷⁸ According the study, there are three potential scenarios in which China could have implemented NPIs earlier than the January 23rd lockdown of Wuhan:

Scenario 1

After receiving the December 30th laboratory results confirming a case of SARS, Dr. Ai informed the Department of Public Health. Here, CCP health officials comply with their legal obligations under the 2005 IHR and inform the WHO of a confirmed SARS outbreak within 24 hours. The WHO provides expert advice and the National Health Commission and Wuhan officials implement similar NPIs as were successful during the 2003 SARS pandemic. In this scenario, more than 95% of the estimated cases in China at the end of February would have been prevented. Such a large reduction in caseload would have prevented the collapse of the Wuhan health system and reduced the spread of the virus. It is highly likely that this would have prevented COVID-19 from becoming a global pandemic.

Scenario 2

Here, the CCP implements NPIs prior to January 9th, two weeks earlier than it did. As January progressed, caseloads were climbing. The Department of Public Health knew about the confirmed SARS cases, the National Health Commission had been informed by two separate labs that the novel coronavirus was similar to SARS-CoV, and local hospital management knew that their healthcare staff was becoming infected and wearing personal protective equipment in response. Instead of punishing those who talked about it, the CCP institutes a public response to the virus. Had the CCP instituted NPIs prior to January 9th, it would have reduced the estimated number of cases in China at the end of February by 86%. It is likely that this would have prevented COVID-19 from becoming a global pandemic.

Scenario 3

The final scenario is based on the January 14th teleconference between senior CCP leadership. Instead of ordering a secret response and having the National Health Commission issue confidential response plans to provincial health officials, General Secretary Xi could have ordered the implementation of NPIs. Instead of choosing to keep the information hidden for another six days, the senior leaders warn about the forthcoming pandemic, as well as the ongoing human-to-human transmission. Had the CCP instituted NPIs in the days following the teleconference, prior to January 16th, it is estimated that at least 66% of cases in China at the end of February could have been prevented.

¹⁷⁸ *Ibid.*

At a minimum, it is estimated the CCP could have prevented two-thirds of cases in China before the end of February. Such a massive reduction of cases would have enabled a more focused response and the bolstering of the Wuhan health system, as opposed to its collapse. It would have made contact tracing easier by reducing the number of cases to track. Simply put, a transparent, rules-based government that provided accurate and timely information to the international community could have prevented a global pandemic. **Instead, the CCP's lies, cover-up, and oppression of whistleblowers cost thousands of Chinese citizens and hundreds of thousands of others around the world their lives.**

IV. THE WUHAN INSTITUTE OF VIROLOGY

The Wuhan Institute of Virology (WIV) has featured prominently in many of the discussions regarding the origins of COVID-19. While the broad consensus of the scientific and intelligence communities is that the virus is natural in origin, some experts have hypothesized that SARS-CoV-2 leaked from the WIV through improperly handled material or infected staff. Others have been quick to dismiss these claims based on a low probability of such an event occurring.¹⁷⁹ Other experts initially identified the wildlife markets as the origination point of human infection. However, without the epidemiological data from “patient zero,” the destroyed lab samples, or the exact animal source of the virus, we may never discern the true origin of SARS-CoV-2. However, it is prudent to examine what is currently known about this institute, including the virus research that occurs at its 20 laboratories.

Background

The WIV was founded in 1956 as the Wuhan Microbiology Laboratory and has operated under the administration of the Chinese Academy of Sciences since 1978.¹⁸⁰ The facility currently hosts laboratories meeting a variety of different safety protocols ranging from Biosafety Level II (BSL-2), roughly equivalent to a dentist's office, to Biosafety Level IV (BSL-4), the highest level of biosafety containment. According to the U.S. Department of Health and Human Services:

Biosafety Level 4 is required for work with dangerous and exotic agents that pose a high individual risk of aerosol-transmitted laboratory infections and life-threatening disease that is frequently fatal, for which there are no vaccines or treatments, or a related agent with unknown risk of transmission.¹⁸¹

According to the WIV's website, the facility houses 17 Biosafety Level II (BSL-2) laboratories, two Biosafety Level III (BSL-3) laboratories, and one Biosafety Level IV (BSL-4) laboratory.

Currently, the Wuhan Institute of Virology hosts four scientific research groups: The Center for Molecular Virology and Virus Pathology, Center for Molecular Biology and Nanobiology,

¹⁷⁹ Barclay, Eliza. “Why These Scientists Still Doubt the Coronavirus Leaked from a Chinese Lab.” *Vox*, 23 Apr. 2020, www.vox.com/2020/4/23/21226484/wuhan-lab-coronavirus-china.

¹⁸⁰ “History.” *Wuhan Institute of Virology*, http://english.whiov.cas.cn/About_Us2016/History2016/.

¹⁸¹ United States, Department of Health and Human Services. *Biosafety in Microbiological and Biomedical Laboratories*, 5th Edition. Dec. 2009. <https://www.cdc.gov/labs/pdf/CDC-BiosafetyMicrobiologicalBiomedicalLaboratories-2009-P.PDF>

Center for Bacteria and Virus Resources and Application, and Center for Emerging Infectious Diseases.¹⁸² The Director of the Center for Emerging Infectious Diseases is Shi Zhengli, who also runs the Emerging Viruses Group within the Center.¹⁸³

History of the BSL-4 Lab

The WIV's BSL-4 lab was constructed as a result of an agreement between the PRC and France that was signed after the 2003 SARS pandemic.¹⁸⁴ At the time, all BSL-3 labs in the PRC were controlled by the PRC's People's Liberation Army (PLA). Then-President of France, Jacques Chirac, and his Prime Minister, Jean-Pierre Raffarin, approved the project despite concerns from both the French Ministry of Defense and French intelligence services – Raffarin himself described it as “a political agreement.”¹⁸⁵ The PRC was suspected of having a biological warfare program, and the military and intelligence services were worried that the dual-use technology required to build a BSL-4 lab could be used misused by the PRC government. The uneasy compromise reached within the French government was that the agreement would require joint PRC-France research to be conducted in the lab, with French researchers present.¹⁸⁶

In mid-June 2004, four months before the deal was finalized, the French Directorate-General for External Security (DGSE) warned the French government that the PRC was planning to develop a total of five BSL-4 labs, including two managed by the military. This ran counter to the PRC's public claims that it was only seeking to build one such lab. Despite repeated concerns from the French Ministry of Defense and intelligence services, French leadership continued to move forward with the deal. Prime Minister Raffarin authorized the exportation of four mobile BSL-3 labs to the PRC, a decision that was poorly received by the French military.¹⁸⁷

The project did not progress well. According to one French diplomat, “our trust in the Chinese waned during this cooperation.”¹⁸⁸ There were disagreements between the French architecture firm hired to design the facility and the local Chinese construction company. The company hired to certify the building quit without warning over liability concerns. After an attempt by the PRC to use an unapproved construction company in 2014,¹⁸⁹ the lab eventually opened in 2015.¹⁹⁰ Repairs were required the very next year due to the use of bleach in the containment showers by personnel at the WIV, delaying the formal opening of the lab until 2017.

The issues extend beyond the construction of the BSL-4 lab itself. In 2016, the PRC requested dozens of the containment suits required to work in the lab. The French Dual-Use

¹⁸² “Organization.” *Wuhan Institute of Virology*, http://www.whiov.cas.cn/jgsz_160229/

¹⁸³ “Center for Emerging Infectious Disease.” *Wuhan Institute of Virology*, http://english.whiov.cas.cn/Research2016/Group2016/201411/t20141114_130855.html

¹⁸⁴ “About WIV.” *Wuhan Institute of Virology*, http://english.whiov.cas.cn/About_Us2016/Brief_Introduction2016/.

¹⁸⁵ Izambard, Antoine. “L'histoire Secrète Du Laboratoire P4 De Wuhan Vendu Par La France à La Chine.” *Challenges*, 30 Apr. 2020, www.challenges.fr/entreprise/sante-et-pharmacie/revelations-l-histoire-secrete-du-laboratoire-p4-de-wuhan-vendu-par-la-france-a-la-chine_707425.

¹⁸⁶ *Ibid.*

¹⁸⁷ *Ibid.*

¹⁸⁸ *Ibid.*

¹⁸⁹ *Ibid.*

¹⁹⁰ “About WIV.” *Wuhan Institute of Virology*, http://english.whiov.cas.cn/About_Us2016/Brief_Introduction2016/.

Commission, tasked with considering exports of sensitive equipment, rejected their request. According to French reporting, the request was “well above the needs of the Wuhan [lab].”¹⁹¹ **This continued to fuel concerns within the French Ministry of Defense that the PRC was seeking to engage in military research or open a second BSL-4 lab for military means.** Despite the agreement that the BSL-4 lab would be a site of joint research, and an announcement at the 2017 inauguration by then Prime Minister Bernard Cazeneuve of 5 million euros in funding for that research, to date there has only been one French scientist assigned to the lab. His tour ends this year.¹⁹²

Finally, it is important to note the direct influence of the CCP within the WIV. The Director General of the institute is Wang Yanyi,¹⁹³ who joined the China Zhi Gong Party, a CCP controlled minority party, in 2010. In 2018, the same year she became the Director General of the WIV, she was elected the Deputy Director of the Wuhan Municipal Party Committee.¹⁹⁴ Until early 2020, the BSL-4 lab was managed by Yuan Zhiming.¹⁹⁵ Yuan is the President of the Chinese Communist Party Committee within the Wuhan Branch of the Chinese Academy of Sciences, to which the WIV belongs.¹⁹⁶ Local CCP leaders not only run the WIV itself, but also directly managed the BSL-4 lab.¹⁹⁷ According to a French diplomat, Yuan’s performance and management was subpar – the lab has been underutilized and the most talented scientists have left. After the SARS-CoV-2 outbreak began, Yuan was replaced on January 31, 2020.¹⁹⁸ In a possible fulfillment of the concerns raised by the French defense and intelligence services almost two decades prior, he was succeeded by Major General Chen Wei, the PRC’s top biowarfare expert.¹⁹⁹

Shi Zhengli (“Bat-Woman”) and Gain-of-Function Research

The lead expert for emerging infectious diseases is Shi Zhengli. Nicknamed “bat woman” by her professional colleagues, Shi has spent more than 16 years researching bats and coronaviruses. This work often involves visiting caves throughout the PRC to collect blood, saliva samples, fecal swaps, urine, and fecal pellets from wild bats in order to identify and catalogue wild coronaviruses.²⁰⁰ As of 2017, more than 300 unique bat coronavirus sequences

¹⁹¹ *Ibid.*

¹⁹² Izambard.

¹⁹³ “Directors.” *Wuhan Institute of Virology*, http://english.whiov.cas.cn/About_Us2016/Directors2016/.

¹⁹⁴ “Wang Yanyi, Deputy Director of Wuhan Virus Institute, Was Elected to the Deputy Director of the Wuhan Municipal Party Committee.” *武汉病毒所副所长王延轶当选致公党武汉市副主任委员*, 13 Oct. 2018, www.whiov.ac.cn/xwdt_105286/zhxw/201810/t20181023_5148932.html.

¹⁹⁵ Izambard.

¹⁹⁶ “Directors.” *Wuhan Branch, Chinese Academy of Sciences*, <http://english.whb.cas.cn/au/ds/>.

¹⁹⁷ Izambard.

¹⁹⁸ *Ibid.*

¹⁹⁹ Huang, Yanzhong. “U.S.-Chinese Distrust Is Inviting Dangerous Coronavirus Conspiracy Theories.” *Foreign Affairs*, 20 Apr. 2020, www.foreignaffairs.com/articles/united-states/2020-03-05/us-chinese-distrust-inviting-dangerous-coronavirus-conspiracy.

²⁰⁰ Qiu, Jane. *How China's 'Bat Woman' Hunted Down Viruses from SARS to the New Coronavirus*. June 2020, www.scientificamerican.com/article/how-chinas-bat-woman-hunted-down-viruses-from-sars-to-the-new-coronavirus/.

had been collected.²⁰¹ Shi has published extensively on coronaviruses and their ability to infect humans, including a 2005 paper that proved “bats are natural reservoirs of SARS-like coronaviruses.”²⁰²

In recent months, particular attention has been given to a 2015 paper entitled “A SARS-like cluster of circulating bat coronavirus shows potential for human emergence.”²⁰³ Shi and her colleagues, along with researchers from the University of North Carolina at Chapel Hill, Harvard Medical School, the Institute of Microbiology in Switzerland, and the U.S. National Center for Toxicological Research, conducted gain-of-function research with SHC014-CoV, a wild coronavirus.²⁰⁴ Gain-of-function research is research that has “the potential to enhance the pathogenicity or transmissibility of potential pandemic pathogens.”²⁰⁵

During the 2015 research project, Shi and her colleagues used a SARS-CoV reverse genetics system to create a chimeric (hybrid) virus by inserting the spike protein from SHC014 into a mouse-adapted SARS-CoV backbone.²⁰⁶ (Spike proteins are the major surface structures that enable coronaviruses to bind to receptors on human cells.²⁰⁷) This new virus was then shown to bind to a specific receptor (ACE2) in humans, replicate “efficiently”²⁰⁸ in primary human airways cells, and withstand antibodies and vaccines. Researchers concluded that the work “suggests a potential risk of SARS-CoV re-emergence from viruses currently circulating in bat populations.”²⁰⁹ It is important to note that the genetic structure of this manufactured virus differs from SARS-CoV-2 by more than 5,000 nucleotides.²¹⁰ For context, the entire genetic sequence of SARS-CoV-2 is approximately 30,000 nucleotides.²¹¹

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²⁰¹ Cyranoski, David. “Bat Cave Solves Mystery of Deadly SARS Virus - and Suggests New Outbreak Could Occur.” *Nature News*, 1 Dec. 2017, www.nature.com/articles/d41586-017-07766-9.

²⁰² Li, Wendong et al. “Bats are Natural Reservoirs of SARS-like Coronaviruses.” *Science* vol. 310, 5748 (2005): 676-679. doi:10.1126/science.1118391

²⁰³ Menachery, Vineet D et al. “A SARS-like cluster of circulating bat coronaviruses shows potential for human emergence.” *Nature medicine* vol. 21, 12 (2015): 1508-13. doi:10.1038/nm.3985

²⁰⁴ *Ibid.*

²⁰⁵ “Gain of Function Research.” National Institutes of Health, U.S. Department of Health and Human Services, <https://osp.od.nih.gov/biotechnology/gain-of-function-research/>.

²⁰⁶ Menachery.

²⁰⁷ Saplakoglu, Yasemin. “Researchers Map Structure of Coronavirus ‘Spike’ Protein.” *Scientific American*, 21 Feb. 2020, www.scientificamerican.com/article/researchers-map-structure-of-coronavirus-spike-protein/.

²⁰⁸ Menachery

²⁰⁹ *Ibid.*

²¹⁰ Liu, Shan-Lu et al. “No credible evidence supporting claims of the laboratory engineering of SARS-CoV-2.” *Emerging microbes & infections* vol. 9, 1 505-507. 26 Feb. 2020, doi:10.1080/22221751.2020.1733440

²¹¹ Sah, Ranjit, et al. “Complete Genome Sequence of a 2019 Novel Coronavirus (SARS-CoV-2) Strain Isolated in Nepal.” *Microbiology Resource Announcements*, American Society for Microbiology, 12 Mar. 2020, mra.asm.org/content/9/11/e00169-20.

²¹² *Ibid.*

new diseases²¹³ and was a USAID partner for the PREDICT project, which sought to identify “new emerging infectious disease that could become a threat to human life.”²¹⁴

U.S. funding for all gain-of-function research, both within the United States and abroad, was paused in October 2014 due to safety concerns not related to the WIV.²¹⁵ The bulk of the research for the 2015 paper had already been completed and the NIH allowed the researchers to move forward.²¹⁶ After the NIH developed more advanced and safety-conscious policies related to gain-of-function research, new guidance was released in January 2017 and the pause lifted.²¹⁷ However, on April 19, 2020, the Deputy Director for Extramural Research at the NIH informed EcoHealth Alliance that the NIH was “pursuing suspension of Wuhan Institute of Virology from participation in federal programs.”²¹⁸ Five days later, the project was terminated entirely. Due to the ongoing investigation, the NIH has not yet released additional details.²¹⁹

Safety Issues and Historical Precedent

Questions of safety at the WIV have persisted for some time and come in the broader context of a history of lab accidents in the PRC. Between April 22nd and April 29th, 2004, the PRC reported nine new cases of SARS linked to an accident at a government lab in Beijing. Two of those cases were graduate students conducting research at the PRC’s National Institute of Virology Laboratory (NIVL).²²⁰ According to the WHO, the NIVL was conducting research using both live and inactivated samples of SARS-CoV, the virus that causes SARS in humans.²²¹ The graduate students, a 26-year-old postgraduate student and a 31-year-old post-doctoral student, were infected in two separate incidents, two weeks apart.²²² As a result of the graduate students becoming infected, seven other additional cases of SARS in China and one fatality were confirmed.²²³

In addition, two State Department cables from early 2018 reportedly raised the issue of safety concerns at the WIV (copies included in the Appendix). The cables came from State Department personnel at Embassy Beijing and Consulate General Wuhan and focused on issues related to

²¹³ “About.” *EcoHealth Alliance*, www.ecohealthalliance.org/about.

²¹⁴ “PREDICT.” *EcoHealth Alliance*, www.ecohealthalliance.org/program/predict.

²¹⁵ “Gain of Function Research.” National Institutes of Health, U.S. Department of Health and Human Services, <https://osp.od.nih.gov/biotechnology/gain-of-function-research/>.

²¹⁶ Menachery

²¹⁷ “Gain of Function Research.” National Institutes of Health, U.S. Department of Health and Human Services, <https://osp.od.nih.gov/biotechnology/gain-of-function-research/>.

²¹⁸ Geraghty, Jim. “NIH: We Can’t Release Our Papers about the Wuhan Institute of Virology Because of a Pending Investigation.” *National Review*, 1 June 2020, www.nationalreview.com/corner/nih-we-cant-release-our-papers-about-the-wuhan-institute-of-virology-because-of-a-pending-investigation/.

²¹⁹ *Ibid.*

²²⁰ “SARS Update—May 19, 2004.” *Centers for Disease Control and Prevention*, 19 May 2004, www.cdc.gov/sars/media/2004-05-19.html.

²²¹ “China’s Latest SARS Outbreak Has Been Contained, but Biosafety Concerns Remain – Update 7.” *World Health Organization*, 18 May 2004, www.who.int/csr/don/2004_05_18a/en/.

²²² Walgate, Robert. “SARS Escaped Beijing Lab Twice.” *Genome Biology*, BioMed Central, 27 Apr. 2004, <https://genomebiology.biomedcentral.com/articles/10.1186/gb-spotlight-20040427-03>.

²²³ “SARS Update—May 19, 2004.” *Centers for Disease Control and Prevention*, 19 May 2004, www.cdc.gov/sars/media/2004-05-19.html.

safety and management weaknesses at the WIV. Scientists at the WIV themselves noted “a serious shortage of appropriately trained technicians and investigators needed to safely operate this high-containment laboratory.”²²⁴ The cables also questioned the PRC’s commitment to prioritizing the important research for which the lab was designed.

(b)(6) Thus, while the BSL-4 lab is ostensibly fully accredited, its utilization is limited by lack of access to specific organisms and by opaque government review and approval processes. As long as this situation continues, Beijing’s commitment to prioritizing infectious disease control - on the regional and international level, especially in relation to highly pathogenic viruses, remains in doubt.

Fig. 6 – Excerpt from January 19, 2018 Cable from the U.S. Embassy in Beijing to State Department Headquarters in Washington, D.C.

Shi seemed aware of these issues. According to her own public statements, Shi was very worried that an incident similar to the one in 2004 could have happened at the WIV and that her lab could have been the origin of the COVID-19 pandemic. In an interview, Shi recounted how she reexamined several years of her own lab’s records to check for mishandling of material and improper disposal. She also compared the coronavirus samples in her collection to samples of SARS-CoV-2, the virus that causes COVID-19. Shi later stated she was relieved after completing this review and failing to find a match – “That really took a load off my mind. I had not slept a wink for days.”²²⁵

While this is not evidence that the ongoing pandemic is the result of a release, accidental or deliberate, from the lab, or what the staffing competency was at the time of the outbreak of COVID-19 in late 2019, it is important to consider these concerns in light of the PRC’s history with lab accidents. However, given that the CCP has refused to share samples from the WIV and other sites in the PRC, it is impossible for the international community to verify the results of Shi’s review.

Lack of Clarity

Ultimately, no conclusion has been reached as to what role, if any, the WIV played in the origins of the COVID-19 pandemic. Francis Collins, the Director of the National Institutes of Health, has publicly stated that he has “no way of knowing” if the outbreak originated at the WIV.²²⁶ However, there are a series of outstanding issues with the WIV and its BSL-4 lab that compound the ongoing debate:

- The CCP’s refusal to allow the WIV to share samples of the virus, as discussed elsewhere in this report;

²²⁴ Rogin, Josh. “Opinion | State Department Cables Warned of Safety Issues at Wuhan Lab Studying Bat Coronaviruses.” *The Washington Post*, 14 Apr. 2020, www.washingtonpost.com/opinions/2020/04/14/state-department-cables-warned-safety-issues-wuhan-lab-studying-bat-coronaviruses/.

²²⁵ Qiu.

²²⁶ Brennan, Zachary. “NIH Director: ‘No Way of Knowing’ If Coronavirus Escaped from Wuhan Lab.” *POLITICO*, 27 May 2020, www.politico.com/news/2020/05/27/nih-director-wuhan-coronavirus-collins-285681.

- The history of gain-of-function research on coronaviruses at the facility;
- The two leaks of SARS-CoV from the NIVL during the 2003 SARS pandemic;
- Shi's self-described anxiety that her lab may have been the source of the outbreak;
- The CCP's refusal to allow international investigators access to the WIV;
- Concerns from the French government regarding the secretive relationship between the lab and the PRC's military;
- The PRC's military takeover of the BSL-4 lab; and
- The general lack of transparency and CCP cover-up of the origins of the COVID-19 global pandemic.

Until the CCP agrees to cooperate in a fully transparent manner with the WHO, other countries, and the international scientific community, it will be impossible to gather the concrete evidence needed to prove, or disprove, this theory. The CCP's decision to require labs other than the WIV to destroy their samples, as discussed earlier in the report, further obfuscates the issue. As a direct result of the CCP cover-up during the early stages of the pandemic, it is certain that this debate will continue.

V. WORLD HEALTH ORGANIZATION MISSTEPS

There has been much international criticism of the WHO's handling of this pandemic. Journalists, public health experts, medical professionals, and academics have all questioned certain choices made by Director-General Tedros and other senior leaders within the WHO. It is important to note that in addition to the obligations imparted on Member States, the IHR requires certain actions and behaviors of the WHO. Among other obligations, the WHO is tasked with conducting global public health surveillance and assessment of significant public health events, disseminating public health information to Member States, and determining whether a particular event notified by a Member State under the IHR constitutes a PHEIC. **In each of these obligations, the WHO failed to fulfill its mandate.**

Assessment of Significant Public Health Events and Dissemination of Public Health Information to Member States

Nothing in the IHR requires the WHO to rely solely on information provided by the Member State in whose territory a public health event is occurring. Instead, Article 9 of the IHR requires the WHO to evaluate reports from sources other than notifications or consultations conducted under the IHR process for their potential global health impact. The WHO's website hosts a "frequently asked questions" section about the 2005 IHR that refers to "WHO's mandate to seek verification of unofficial reports of events with potential international implications."²²⁷ Article 9 requires that the WHO assess these reports "according to established epidemiological

²²⁷ "Frequently Asked Questions about the International Health Regulations (2005)." *World Health Organization*, 18 Aug. 2009, www.who.int/ihr/about/faq/en/.

principles,”²²⁸ before communicating the information to the Member State in whose territory the event is reportedly occurring. Additionally, the Article stipulates the “WHO shall make the information received available to the State Parties.”²²⁹ Due to Taiwan’s exclusion from the WHO, its notification of SARS-like cases in the PRC, on the surface, appears to be the exact type of “unofficial” report that Article 9 was designed to address. As such, the WHO was obligated to examine Taiwan’s email notification on the basis of epidemiological and public health principles, not political ones resulting from the CCP’s views on Taiwan’s status, and pass the information to all WHO Member States. **The WHO failed to do so.**

It also appears that the WHO failed to investigate the widely reported warnings issued by Dr. Ho of the University of Hong Kong’s (UHK) Centre of Infection on January 4th. Dr. Ho stated that based on the uptick in cases, it was highly likely that human-to-human transmission was already occurring. He also warned about a potential surge of cases during the Spring Festival travel season.²³⁰ Dr. Ho’s warning was significant because UHK’s School of Public Health has been a designated WHO Collaborating Centre for Infectious Disease Epidemiology and Control (WHO CC) since 2014. Among other areas of research, the WHO CC focuses on “emergency response to outbreaks of novel pathogens.”²³¹ As a member of the Li Ka Shing Faculty of Medicine at UHK, Dr. Ho is a member of the WHO CC.²³² Dr. Ho is well acquainted with coronaviruses and SARS, having published extensively on the diagnosis and treatment of SARS, as well as SARS-related hospital infection control and admission strategies.²³³ In 2005, he and two others authored a chapter on infection control for a clinical guide to SARS.²³⁴ Under Article 9, the WHO is mandated to investigate unofficial reports and warnings like those from Dr. Ho. Had the WHO done so, the world would have been warned about the high likelihood of human-to-human transmission sixteen days prior to the CCP confirming what Dr. Ho already knew. **In failing to investigate his warnings, the WHO violated Article 9 and ignored a member of their designated group of infectious disease control experts.**

Article 10 of the IHR requires the WHO to request verification of these unofficial reports from the Member State in which the events are reportedly occurring. There is no public evidence the WHO did so with regards to reports concerning human-to-human transmission. Article 10 also stipulates that should a Member State not accept the WHO’s offer of collaboration (which it is required to extend), the “WHO may, when justified by the magnitude of the public health risk, share with other State Parties the information available to it.”²³⁵ Under the IHR, the WHO was fully empowered to not only demand the CCP respond to allegations made by the Taiwan CDC

²²⁸ 2005 IHR.

²²⁹ *Ibid.*

²³⁰ Choi, Jimmy. “Wuhan Virus Probably Is Spreading between People.” *RTHK*, 4 Jan. 2020, <https://news.rthk.hk/rthk/en/component/k2/1500994-20200104.htm>

²³¹ “WHO Collaborating Centre for Infectious Disease Epidemiology and Control.” *School of Public Health*, <https://sph.hku.hk/en/about-us/divisioncentreunit/who-collaborating-centre-for-infectious-disease-epidemiology-and-control>

²³² *Ibid.*

²³³ PL Ho. *ORCID*, <http://orcid.org/0000-0002-8811-1308>

²³⁴ Peiris, Malik, et. a. *Severe Acute Respiratory Syndrome: A Clinical Guide*. Malden, Mass: Blackwell Pub, 2005. Print.

²³⁵ 2005 IHR.

and UHK WHO CC regarding human-to-human transmission, but also to share those warnings with the other WHO Member States if China refused to cooperate. **The WHO failed to do so.**

Article 11 mandates that the WHO transmit to all Member States, “as soon as possible,”²³⁶ public health information it receives under Articles 5 – 10 that is necessary for Member States to respond to the public health risk. This includes unofficial reports under Article 9. The WHO did not transmit Taiwan’s report of evidence of human-to-human transmission to its Member States, violating its obligations under Article 11. **Likewise, there is no public record of the WHO transmitting to Member States Dr. Ho’s comments that human-to-human transmission was likely already occurring in Wuhan.**

Determining Whether a Particular Event Constitutes A PHEIC

Article 12 of the IHR provides the framework to be used by the WHO Director-General when considering the declaration of a PHEIC. Namely, it requires that the Director-General consider:

- (a) Information provided by the State Party;
- (b) The decision instrument contained in Annex 2;
- (c) The advice of the Emergency Committee;
- (d) Scientific principles as well as the available scientific evidence and other relevant information; and
- (e) An assessment of the risk to human health, of the risk of international spread of disease and of the risk of interference with international traffic.²³⁷

It has been clearly established that the CCP suppressed and failed to transmit critical scientific evidence to the WHO that could have better informed Director-General Tedros’ decision making when evaluating the need to declare a PHEIC. However, a review of the information available to Director-General Tedros on January 23rd, when he opted not to declare a PHEIC, shows that he failed to follow the framework in Article 12. The following information was either sent to the WHO or publicly reported prior to January 23rd:

- The possibility of human-to-human transmission (Taiwan and the University of Hong Kong)
- Evidence of limited human-to-human transmission, as reported by the WHO delegation to Wuhan.
- The confirmation by the CCP’s National Health Commission (NHC) that human-to-human transmission was occurring.
- The confirmation of cases among healthcare workers by the NHC.²³⁸
- The identification of a novel coronavirus as the cause of COVID-19.
- The full genetic sequence of SARS-CoV-2, showing an 87% similarity to the virus responsible for the 2003 SARS pandemic.

²³⁶ *Ibid.*

²³⁷ *Ibid.*

²³⁸ Schnirring, Lisa. “New Coronavirus Infects Health Workers, Spreads to Korea.” *CIDRAP*, 20 Jan. 2020, www.cidrap.umn.edu/news-perspective/2020/01/new-coronavirus-infects-health-workers-spreads-korea.

- Ongoing mass international travel of people in China related to the Spring Festival.
- The confirmation of COVID-19 cases in Thailand, Hong Kong, Japan, South Korea, Taiwan, and the United States.

Applying the decision instrument in the IHR's Annex 2, as directed in Article 12, should have resulted in a determination that the outbreak was a potential PHEIC. The available scientific evidence and relevant information regarding human-to-human transmission, along with the similarity of SARS-CoV-2 to the virus that caused the 2003 SARS outbreak, suggested a response similar to that in 2003 would be necessary. An assessment of the risk of international spread should have included, by necessity, the millions of international trips that the CCP allowed to depart from the PRC in mid-January, as well as the cases already confirmed in multiple countries outside of the PRC. In light of the media reports already available to him concerning the CCP's withholding of the fact that the virus was a coronavirus genetically similar to SARS, the Director-General should have acted appropriately.

By January 23rd, when the WHO's Emergency Committee was split on declaring a PHEIC, Director-General Tedros either knew, or should have known, that the outbreak centered in Wuhan was caused by a novel coronavirus genetically similar to the virus responsible for the 2003 SARS pandemic, that human-to-human transmission was occurring, that healthcare workers were being infected, and that at least four WHO Member States, in addition to Hong Kong and Taiwan, were reporting cases. When compared to the framework provided by Article 12, it is clear the preponderance of information available to Director-General Tedros, combined with approximately half of the members of the Emergency Committee recommending the declaration of a PHEIC, should have resulted in the Director-General declaring a Public Health Emergency of International Concern. Instead, Director-General Tedros declined to declare a PHEIC, traveled to Beijing five days later, and praised the CCP's handling of the outbreak and the "transparency" with which they shared information with the WHO and other countries.

Only after his return from the PRC did the Director-General declare a PHEIC, seven valuable days after he previously declined to do so. As stated earlier the report, the WHO has informed the Committee Minority that the decision to declare a PHEIC on January 30th was based on the confirmation of a case of human-to-human transmission in Vietnam. The case, a 27-year-old Vietnamese man who was diagnosed on January 22nd, was the first confirmed example of human-to-human transmission outside of the PRC²³⁹ and was ongoing during the meeting of the Emergency Meeting. However, it is important to note the widespread understanding of health officials from multiple countries outside of the PRC that human-to-human transmissions was already occurring within the PRC prior to the confirmation of the case in Vietnam.

The decision of Director-General Tedros, and the divide amongst the Emergency Committee, appears to be of a political nature, not scientific. The chair of the Emergency Committee explained the lack of a recommendation supporting a PHEIC declaration was in part due to the

²³⁹ Phan, Lan T., et al. "Importation and Human-to-Human Transmission of a Novel Coronavirus in Vietnam: NEJM." *New England Journal of Medicine*, 27 Feb. 2020, www.nejm.org/doi/full/10.1056/NEJMc2001272.

negative perception of such a declaration by the people in the PRC responding to the outbreak.²⁴⁰ It appears self-evident that this is a reference to the CCP, not doctors or patients in Wuhan. A similar political decision repeatedly delayed the declaration of a PHEIC in 2019 during the response to the Ebola outbreak in the Democratic Republic of the Congo.²⁴¹

Delayed Recommendation of Prudent Medical Responses

As the world's leading global health international organization, the WHO is often looked to for expert technical advice. Unfortunately, through the pandemic, WHO guidance has routinely, and consistently, lagged behind the scientific community. Despite guidance issued in countries around the world, and urging by leading experts across scientific disciplines, WHO technical guidance has been outdated and slow to respond to new research. As discussed above, one of the earliest examples of this was the issue of human-to-human transmission. Taiwan, Hong Kong, and other governments instituted responses to the outbreak based on their experience and sound medical practice. The WHO delayed recognizing human-to-human transmission until after the CCP conceded it was ongoing.

In a similar manner, the WHO did not recommend the use of masks for the general public until June 5th, 137 days after the CCP confirmed that human-to-human transmission was occurring.²⁴² By comparison, the United States²⁴³, Chile, Ecuador²⁴⁴, Israel²⁴⁵, and countries across Europe had mandated or recommended the use of masks to their citizens by the end of April. Until early June it was the position of the WHO that only individuals who were sick and showed symptoms, or were caring for the sick, needed to wear masks.²⁴⁶ **This recommendation ignored the widespread evidence and proof of human-to-human transmission on large scales, the data from the PRC regarding the high number of asymptomatic cases, and the general consensus of the global scientific community and government health ministries around the world.**

Most recently, the WHO has struggled with guidance on how COVID-19 is transmitted. WHO leadership has said repeatedly that aerosol transmission, that is the spreading of the virus through small airborne droplets, was not a significant method of transmission. As of August, the

²⁴⁰ Pillinger, Mara. "Analysis | The WHO Held off on Declaring the Wuhan Coronavirus a Global Health Emergency. Here's Why." *The Washington Post*, 26 Jan. 2020, www.washingtonpost.com/politics/2020/01/26/who-held-off-declaring-wuhan-coronavirus-global-health-emergency-heres-why/.

²⁴¹ *Ibid.*

²⁴² Mandavilli, Apoorva. "W.H.O. Finally Endorses Masks to Prevent Coronavirus Transmission." *The New York Times*, 5 June 2020, www.nytimes.com/2020/06/05/health/coronavirus-masks-who.html.

²⁴³ Kelleher, Suzanne Rowan. "CDC Recommends Wearing A Cloth Mask Whenever You Leave Home." *Forbes*, 3 Apr. 2020, www.forbes.com/sites/suzannerowankelleher/2020/04/02/cdc-will-recommend-wearing-a-cloth-mask-when-ever-you-leave-your-home/.

²⁴⁴ "LatAm Countries Turn to Face Masks to Contain Pandemic." *Xinhua*, www.xinhuanet.com/english/2020-04/08/c_138956755.htm.

²⁴⁵ "A Fine for Not Wearing a Mask: These Are Israel's New Coronavirus Regulations." *Haaretz*, 20 Apr. 2020, www.haaretz.com/israel-news/.premium-netanyahu-announced-easing-coronavirus-restrictions-heres-what-you-need-to-know-1.8780064.

²⁴⁶ Wong, Tessa. "Coronavirus: Why Some Countries Wear Face Masks and Others Don't." *BBC News*, 12 May 2020, www.bbc.com/news/world-52015486.

WHO's website only refers to aerosol transmission as occurring during certain medical procedures. In regard to widespread aerosol transmission, the website says:

There have been reported outbreaks of COVID-19 in some closed settings, such as restaurants, nightclubs, places of worship or places of work where people may be shouting, talking, or singing. In these outbreaks, aerosol transmission, particularly in these indoor locations where there are crowded and inadequately ventilated spaces where infected persons spend long periods of time with others, cannot be ruled out. More studies are urgently needed to investigate such instances and assess their significance for transmission of COVID-19.²⁴⁷

This guidance has been widely criticized by the scientific community. In an open letter published July 6th, 239 scientists from 32 countries called on the WHO to recognize the potential of airborne transmission of COVID-19.²⁴⁸ Referencing research conducted by signers of the letter and the broader scientific community, the authors argue it is “beyond any reasonable doubt”²⁴⁹ that viruses are released in aerosol droplets and can remain suspended in air. In the case of SARS-CoV-2, they argue that studies conducted after the SARS pandemic of 2002-2003 demonstrated:

that airborne transmission was the most likely mechanism explaining the spatial pattern of infections... there is every reason to expect that SARS-CoV-2 behaves similarly, and that transmission via airborne microdroplets is an important pathway.²⁵⁰

According to Michael Osterholm, an infectious diseases expert at the University of Minnesota, “The W.H.O. has been out of step with most of the world on the issue of droplets and aerosols.”²⁵¹ Prof. Gostin, cited elsewhere in this report, agreed, saying, “WHO's credibility is being undermined through a steady drip-drip of confusing messages, including asymptomatic spread, the use of masks, and now airborne transmission.”²⁵²

It is absolutely understandable for the WHO to dutifully examine new research as it is published and to ensure the technical advice it is providing to Member States is accurate. Undoubtedly, this task is more difficult when occurring in real time, in the midst of a global pandemic. However, the WHO is tasked with providing the best possible scientific data and recommendations to the world. **As the 130+ day delay in their recommending the widespread use of masks shows, that is another duty the WHO has failed to fulfill.**

²⁴⁷ “Q&A: How Is COVID-19 Transmitted?” *World Health Organization*, www.who.int/news-room/q-a-detail/q-a-how-is-covid-19-transmitted.

²⁴⁸ Lidia Morawska, Donald K Milton, It is Time to Address Airborne Transmission of COVID-19, *Clinical Infectious Diseases*, , ciaa939, <https://doi.org/10.1093/cid/ciaa939>

²⁴⁹ *Ibid.*

²⁵⁰ *Ibid.*

²⁵¹ Mandavilli.

²⁵² Heidt, Amanda. “Scientists Urge Consideration of Airborne SARS-CoV-2 Transmission.” *The Scientist Magazine*, 6 July 2020, www.the-scientist.com/news-opinion/scientists-urge-consideration-of-airborne-sars-cov-2-transmission-67702.

Deference to the CCP and Their Cover-up

From the early stages of the outbreak, the WHO, under Director-General Tedros' leadership, parroted and upheld as inviolable truth, statements from the CCP. An examination of their public statements, including the praise heaped on the CCP's handling of the pandemic, reveal a disturbing willingness to ignore science and alternative credible sources. While we do not know everything that happened at the WHO, we do know that Director-General Tedros actively engaged in an effort to defend the CCP's leadership from criticism, negatively impacting the world's understanding of the virus and hampering the global response effort.

The WHO has repeatedly published incomplete information that has been exploited by the CCP to further their propaganda and disinformation efforts. The December 31st, 2019 entry in the WHO's official timeline of the COVID-19 pandemic reads: "Wuhan Municipal Health Commission, China, reported a cluster of cases of pneumonia in Wuhan, Hubei Province."²⁵³ The press release issued by the WHO on January 5, 2020 states that "the WHO China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China."²⁵⁴ **Conveniently, it leaves out the fact that the WHO China Country Office was "informed" by the WHO headquarters in Geneva – not PRC health authorities.**

These were not isolated incidents in the early days of the pandemic. Neither document has been updated to reflect what we now know is true – the PRC did not notify the WHO about the outbreak. Director-General Tedros continues to make public comments that defend the CCP's handling of the outbreak and allude to the CCP as the source that notified the WHO. During an April 20, 2020 press conference, Dr. Ryan and Director-General Tedros were asked about Taiwan's email notification. Dr. Ryan, as quoted earlier in this report, reveals that the WHO learned about the outbreak not from PRC authorities, but from a post on a U.S.-based website. When the moderator called on another reporter, Director-General Tedros interjected:

Can I? I think Mike answered it very well but it [sic] just wanted to summarise. In its email on 31st December one thing that has to be clear is the first email was not from Taiwan. Many other countries already were asking for clarification. The first report came from Wuhan, from China itself.... **So the report first came from China - that's fact number one** [emphasis added] - from Wuhan itself.²⁵⁵

While it is technically true that the first reports of the virus originated in Wuhan, WHO headquarters staff initially discovered these reports on a U.S.-based early warning website. Director-General Tedros' comments seem to suggest that Wuhan or the PRC informed the WHO of the outbreak, which is untrue. These comments are not an isolated incident, and when

²⁵³ "WHO Timeline - COVID-19." *World Health Organization*, www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19.

²⁵⁴ "Pneumonia of Unknown Cause – China." *World Health Organization*, World Health Organization, 5 Jan. 2020, www.who.int/csr/don/05-january-2020-pneumonia-of-unknown-cause-china/en/.

²⁵⁵ Remarks by Dr. Tedros Adhanom Ghebreyesus, Director-General of the WHO, at "COVID-19 Virtual Press Conference," April 20, 2020, <https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-20apr2020.pdf>.

combined with the examples above, they illustrate a sustained effort by the WHO's leadership to use language that is technically not false but misleading to outside audiences.

The CCP has exploited this lack of transparency to push their propaganda, disinformation, and revisionist history. One example, published by the CCP controlled China Daily, asserts that the CCP "reported [the outbreak] in a timely fashion to the World Health Organization."²⁵⁶ Multiple news sources have repeated this claim:

"The first cases were reported to the World Health Organization on December 31..."²⁵⁷ (CNN, published January 23, 2020).

Dec. 31: China tells the World Health Organization's China office about the cases of an unknown illness.²⁵⁸ (Axios, published March 18, 2020)

December 31, 2019 - Chinese Health officials inform the WHO about a cluster of 41 patients with a mysterious pneumonia.²⁵⁹ (Business Insider, published May 22, 2020).

On December 31, 2019, Chinese authorities contacted the Beijing office of the World Health Organization and informed them about an outbreak of pneumonia of unknown origin observed in late December.²⁶⁰ (In-Depth News, published May 25, 2020)

On December 31 last year, China alerted the WHO to several cases of unusual pneumonia in Wuhan, a city of 11 million people.²⁶¹ (Al Jazeera, published June 2, 2020)

Several of these articles cite various WHO publications as proof. A lack of transparency in the information the WHO has made public, combined with Director-General Tedros' public comments praising the CCP, has led to multiple news sources inaccurately stating as fact that the PRC notified the WHO about the outbreak. **The WHO has been complicit in the spread and normalization of CCP propaganda and disinformation.**

On June 29th, seventeen days after the publication of the interim version of this report, the WHO updated their official timeline for the COVID-19 pandemic. This update addressed several

²⁵⁶ "Experts Say It's Groundless to Hold China Accountable for COVID-19." *China Daily*, www.chinadaily.com.cn/a/202006/04/WS5ed832f8a310a8b24115ab5a.html.

²⁵⁷ Cohen, Elizabeth. "CDC Advisers Concerned about Lack of Basic Information about New Wuhan Coronavirus." *CNN*, 23 Jan. 2020, www.cnn.com/2020/01/23/health/wuhan-coronavirus-cdc-advisers/index.html.

²⁵⁸ Allen-Ebrahimian

²⁵⁹ Holly Secon, Aylin Woodward. "A Comprehensive Timeline of the New Coronavirus Pandemic, from China's First Case to the Present." *Business Insider*, 22 May 2020, www.businessinsider.com/coronavirus-pandemic-timeline-history-major-events-2020-3.

²⁶⁰ "COVID-19: How the U.S. Ignored the Chinese and WHO Warnings." *InDepthNews*, 25 May 2020, www.indepthnews.net/index.php/opinion/3566-covid-19-how-the-u-s-ignored-the-chinese-and-who-warnings.

²⁶¹ "Timeline: How the New Coronavirus Spread." *Al Jazeera*, 2 June 2020, www.aljazeera.com/news/2020/01/timeline-china-coronavirus-spread-200126061554884.html.

inaccuracies in their previous timeline, including how the WHO first became aware of the outbreak in Wuhan. The corrected entry for December 31, 2019 now reads:

WHO's Country Office in the People's Republic of China picked up a media statement by the Wuhan Municipal Health Commission from their website on cases of 'viral pneumonia' in Wuhan, People's Republic of China.

The Country Office notified the International Health Regulations (IHR) focal point in the WHO Western Pacific Regional Office about the Wuhan Municipal Health Commission media statement of the cases and provided a translation of it.

WHO's Epidemic Intelligence from Open Sources (EIOS) platform also picked up a [media report](#) on ProMED (a programme of the International Society for Infectious Diseases) about the same cluster of cases of "pneumonia of unknown cause", in Wuhan.

Several health authorities from around the world contacted WHO seeking additional information²⁶²

Interestingly, this new timeline was issued six days after the CCP used PRC state media to respond to the interim version of this report. After fielding a question from China National Radio, Zhao Lijian, referenced above for spreading disinformation regarding the source of COVID-19 via Twitter, laid out a new timeline for the CCP's response to COVID-19. In his comments, he conceded that the CCP engagement with the WHO began on January 3rd.²⁶³

This transparency was unfortunately short lived. In early July, Zhao reverted back to the previous claim, stating, "On December 31, 2019, the Wuhan Municipal Health Commission released a statement on the situation of pneumonia in the city on its official website. China reported to the WHO at the earliest time possible. This fact cannot be clearer."²⁶⁴ As discussed elsewhere, Article 6 of the IHR requires notification through National IHR Focal Point; a local hospital releasing a statement online does not fulfil that requirement. Zhao's comments are demonstrably untrue and another example of CCP misinformation.

There was public reporting, credible warnings from outside sources, and reports from WHO teams on the ground that differed from the CCP's talking points. According to outside experts, the WHO's public statements were "heavily influenced by the Chinese Communist Party."²⁶⁵ **By repeating as truth statements that were misleading, if not lies, the WHO negatively impacted the global response.** Lawrence Gostin, a professor of global health at Georgetown

²⁶² "Timeline of WHO's Response to COVID-19." *World Health Organization*, 29 June 2020, www.who.int/news-room/detail/29-06-2020-covidtimeline.

²⁶³ "Foreign Ministry Spokesperson Zhao Lijian's Regular Press Conference on June 23, 2020." *Ministry of Foreign Affairs of the People's Republic of China*, 23 Jan. 2020, www.fmprc.gov.cn/mfa_eng/xwfw_665399/s2510_665401/2511_665403/t1791668.shtml.

²⁶⁴ "Foreign Ministry Spokesperson Zhao Lijian's Regular Press Conference on July 6, 2020." *Ministry of Foreign Affairs of the People's Republic of China*, 6 July 2020, https://www.fmprc.gov.cn/mfa_eng/xwfw_665399/s2510_665401/t1795337.shtml

²⁶⁵ Feldwisch-Drentrup, Hinnerk. "How WHO Became China's Coronavirus Accomplice." *Foreign Policy*, 2 Apr. 2020, <https://foreignpolicy.com/2020/04/02/china-coronavirus-who-health-soft-power/>

University who consults with the WHO, stated that he and other global health experts were “deceived”²⁶⁶ by the statements made by the CCP and WHO.²⁶⁷

Behind closed doors in Geneva, the WHO knew the PRC was not fulfilling its duties under the IHR. According to the *Associated Press*, who reviewed internal WHO documents, interviews, and recordings, the PRC “stalled for at least two weeks... on providing the WHO with detailed data on patients and cases.”²⁶⁸ The reporting includes several quotes attributed to senior WHO officials critical of the CCP’s behavior:

“We’re going on very minimal information. It’s clearly not enough for you to do proper planning.” – Maria Van Kerkhove, WHO’s technical lead for COVID-19.²⁶⁹

“We’re currently at the stage where yes, they’re giving it to us 15 minutes before it appears on [China Central Television],” Dr. Gauden Galea, WHO Representative to China.²⁷⁰

“This is exactly the same scenario [as SARS], endlessly trying to get updates from China about what was going on. WHO barely got out of that one with its neck intact given the issues that arose around transparency in southern China.” – Dr. Michael Ryan, Executive Director of the WHO’s Health Emergencies Program.²⁷¹

According to the *Associated Press*, the public defense of the CCP was due to a concern within the WHO that applying pressure for the information the PRC was legally required to provide could result in a loss of access and potential danger for Chinese scientists in the PRC. Despite Director-General Tedros’ praise of the CCP’s “transparency,” Dr. Ryan and others knew the CCP’s behavior was anything but – in apparent reference to the 2018 Ebola outbreak in the Democratic Republic of the Congo, Dr. Ryan allegedly stated, “This would not happen in Congo and did not happen in Congo and other places.”²⁷²

Unfortunately, it is clear that Director-General Tedros was not prepared for this pandemic and did not base his decisions on the available scientific evidence. A further investigation into the full extent of the CCP’s influence at the WHO and the WHO’s tragic mishandling is fully warranted, but also fully challenged by the lack of information provided by the WHO and CCP. A key example of this surrounds the confirmation that SARS-CoV-2 was spreading by human-to-human transmission. On January 13th, a news release by the WHO regarding the confirmation of a COVID-19 case in Thailand read in part, “there has been no suggestion of human-to-human

²⁶⁶ Rauhala, Emily. “Chinese Officials Note Serious Problems in Coronavirus Response. The World Health Organization Keeps Praising Them.” *The Washington Post*, 9 Feb. 2020, www.washingtonpost.com/world/asia_pacific/chinese-officials-note-serious-problems-in-coronavirus-response-the-world-health-organization-keeps-praising-them/2020/02/08/b663dd7c-4834-11ea-91ab-ce439aa5c7c1_story.html.

²⁶⁷ *Ibid.*

²⁶⁸ “China Delayed Releasing Coronavirus Info, Frustrating WHO.” *Associated Press*, 3 June 2020, <https://apnews.com/3c061794970661042b18d5aeaad9fae>

²⁶⁹ *Ibid.*

²⁷⁰ *Ibid.*

²⁷¹ *Ibid.*

²⁷² *Ibid.*

transmission.”²⁷³ On January 14th, the WHO issued a “disease outbreak news” release that stated, “based on the available information, there is no clear evidence of human-to-human transmission.”²⁷⁴ On January 21st, China’s National Health Commission finally conceded that human-to-human transmission was occurring. The next day, the WHO published a report from its China field office that confirmed that human-to-human transmission was occurring.²⁷⁵

Despite repeated claims by the WHO before January 22nd that there was no “suggestion” or evidence of human-to human transmission, on April 13th, WHO’s COVID-19 Technical Lead, Dr. Maria Van Kerkhove, said:

Right from the start, from the first notification we received on the 31st of December, given that this was a cluster of pneumonia — I’m a MERS specialist, so my background is in coronaviruses and influenza — so immediately thought, given that this is a respiratory pathogen, that of course there may be human-to-human transmission.²⁷⁶

It is hard to reconcile the WHO’s own Technical Lead saying that on December 31st she knew that “of course” human-to-human transmission could be occurring with the WHO’s January 13th statement that “there has been no suggestion of human-to-human transmission.” **Either the WHO willfully ignored their experts, or they deferred continually to CCP pressure.**

This deference continued after the declaration of a PHEIC. After the United States instituted travel restrictions on January 31st, Director-General Tedros said travel restrictions “unnecessarily interfere with international travel and trade.”²⁷⁷ This is despite the millions of Chinese citizens traveling abroad for the Spring Festival²⁷⁸ and Director-General Tedros’ repeated praise of the CCP’s response to COVID-19, which included travel restrictions, both internationally and domestically. As China continued to report small numbers of new cases, the WHO delayed declaring COVID-19 a pandemic until March 11th, despite the virus spreading globally weeks before.²⁷⁹

Those who seek to defend the WHO’s handling of the response argue that had the WHO been more aggressive in seeking transparency from the CCP, it would have exacerbated efforts to hide

²⁷³ “Thailand Responding to the Novel Coronavirus.” *World Health Organization*, 13 Jan. 2020, www.who.int/thailand/news/detail/13-01-2020-thailand-responding-to-the-novel-coronavirus.

²⁷⁴ “Novel Coronavirus – Thailand (Ex-China).” *World Health Organization*, 16 Jan. 2020, www.who.int/csr/don/14-january-2020-novel-coronavirus-thailand-ex-china/en/.

²⁷⁵ “Mission Summary: WHO Field Visit to Wuhan, China 20-21 January 2020.” *World Health Organization*, 22 Jan. 2020, www.who.int/china/news/detail/22-01-2020-field-visit-wuhan-china-jan-2020.

²⁷⁶ “Live from WHO Headquarters - coronavirus - COVID-19 daily press briefing 13 April 2020.” *YouTube*, uploaded by the World Health Organization, 13 Apr. 2020, <https://www.youtube.com/watch?v=NCy-qvcDDI4>

²⁷⁷ Nebehay, Stephanie. “WHO Chief Says Widespread Travel Bans Not Needed to Beat China Virus.” *Reuters*, 3 Feb. 2020, www.reuters.com/article/us-china-health-who/who-chief-says-widespread-travel-bans-not-needed-to-beat-china-virus-idUSKBN1ZX1H3.

²⁷⁸ “China Will Rack Up Three Billion Trips During World’s Biggest Human Migration.” *Bloomberg*, 20 Jan. 2020, www.bloomberg.com/news/articles/2020-01-20/china-readies-for-world-s-biggest-human-migration-quicktake.

²⁷⁹ Feldwisch-Drentrup, Hinnerk. “How WHO Became China’s Coronavirus Accomplice.” *Foreign Policy*, 2 Apr. 2020, <https://foreignpolicy.com/2020/04/02/china-coronavirus-who-health-soft-power/>

information and impeded the global response.²⁸⁰ Unfortunately, it has become clear that Director-General Tedros' choice to follow the path of deference failed to achieve its goals. As we now know, senior leaders within WHO knew that the PRC was failing to provide the information required by the IHR and so needed for the development of a global response. However, the CCP's abject failures to abide by its international obligations do not excuse the failures of the WHO leadership to fulfil the organization's mandate to investigate and respond to global health emergencies. The answer is not to excuse the WHO's failures, but to hold a guilty CCP accountable.

VI. OUTSTANDING QUESTIONS REGARDING SARS-CoV-2 AND COVID-19

Despite the large amount of information suppressed by the CCP that has now become public, there remains a litany of questions to be answered, not only by the CCP but by the WHO as well.

Questions for the CCP

The CCP has refused to allow outside experts to visit the Wuhan Institute of Virology and has refused to allow the WIV to send virus samples to the WHO or its Member States.

Outstanding questions regarding the CCP's handling out of the outbreak include:

- Why did the CCP not notify the WHO of the outbreak in Wuhan as required by Article 6 of the IHR?
- Why did the CCP not notify the WHO that Chinese researchers had identified the virus as a coronavirus genetically similar to SARS-CoV?
- Why did the CCP delay, by 13 days, the announcement that it had identified the virus responsible for the outbreak and that it was a novel coronavirus genetically similar to SARS-CoV?
- Why did the CCP delay releasing the genetic sequence of the virus by ten days?
- Why did the CCP require laboratories and research sites across China to destroy their samples of the virus?
- Has the CCP identified patient zero?
- Were samples gathered from the Huanan market prior to it being sanitized?
- If so, why were those samples not shared with the WHO and the international community?
- Why has the CCP refused to share primary isolates of SARS-CoV-2 with the WHO and the international community?
- Why did the CCP intervene and prohibit the WIV from transferring samples to the lab at the University of Texas medical branch in Galveston?
- Was gain-of-function research being conducted on wild coronavirus strains at the WIV immediately prior to the outbreak?

²⁸⁰ Rauhala, Emily. "Chinese Officials Note Serious Problems in Coronavirus Response. The World Health Organization Keeps Praising Them." *The Washington Post*, 9 Feb. 2020, www.washingtonpost.com/world/asia_pacific/chinese-officials-note-serious-problems-in-coronavirus-response-the-world-health-organization-keeps-praising-them/2020/02/08/b663dd7c-4834-11ea-91ab-ce439aa5c7c1_story.html.

- Why did the CCP impose restrictions on the publication of academic research on the origins of SARS-CoV-2?
- What is the current status of Chen Quishi and Fang Bin, the missing journalists?

Questions for the WHO

Similarly, there are multiple outstanding questions for Director-General Tedros and the WHO:

- When did the WHO first learn that the outbreak in Wuhan was caused by a coronavirus similar to the virus that caused the 2003 SARS pandemic?
- Did the WHO seek verification of Taiwan's reports of SARS cases and ongoing human-to-human transmission in accordance with Article 9? If not, why not?
- If so, did the Government of the People's Republic of China (PRC) comply?
- If the PRC did not comply, why did the WHO not transmit that information to Member States in accordance with Article 10?
- Why did the WHO not transmit the information provided by Taiwan to WHO Member States in accordance with Article 11?
- Has the WHO received similar emails from Taiwan in the past? If so, how were they handled?
- Did the WHO investigate the warnings, in accordance with Article 9, from Dr. Ho, a member of the WHO Collaborating Centre for Infection Disease Epidemiology and Control at the University of Hong Kong, regarding the high likelihood that human-to-human transmission was already occurring? If not, why not?
- If so, did the Government of the PRC comply?
- Does the WHO consider viral isolates and genetic sequencing data "public health information" under Article 6?
- Has the WHO requested live virus samples from the PRC? If so, has the PRC provided said samples?
- When did the WHO become aware of reports that the PRC was suppressing public health information in violation of Articles 6 and 7?
- After becoming aware, did Director-General Tedros request an explanation from the CCP?
- Who were the "select team members" of the WHO-China Joint Mission who were allowed access to Wuhan?
- What actions has the WHO taken in response to the PRC's violations of the 2005 IHR?
- Has the WHO ever taken action against a State Party in response to violations of the IHR?
- Was the WHO told, or made to feel, that the WHO's access to data, information, and access to potential sites in Wuhan, China was contingent on cooperating with the CCP's narrative of events?

Each of these questions represents information that we need to better understand the source and cause of the COVID-19 global pandemic. It is our hope that in the coming weeks and months, the world will learn the answers to these questions. To that end, on May 8, 2020, we transmitted the above questions to the WHO. On July 21st, Ranking Member McCaul received a

response from Director-General Tedros, a copy of which is included in the Appendix.

Unfortunately, of the eighteen questions sent to the WHO, only one (regarding human-to-human transmission) was referenced in the thirteen-page response letter. The other questions regarding the PRC's behavior, the WHO requesting samples from the PRC, the warnings issued by Taiwan and Hong Kong, and the WHO handling of IHR violations were simply ignored.

VII. RECOMMENDATIONS

The full impact of the COVID-19 global pandemic will not be known for many years. In the coming months we will struggle with questions regarding strains on our healthcare systems, peak caseloads, subsequent waves of new infections, and the impact of secondary and tertiary effects on the domestic and global economies in addition to our national security. It is important the international community take steps now to restore legitimacy to the WHO so the rest of the response will not be tainted by their prior missteps and we are best prepared for the next dangerous outbreak.

The United States must take action within the international community aimed at supporting accountability, transparency, and reforms to the systems and processes that enabled the CCP's cover-up and the WHO's failures. To this end, we provide four recommendations: new leadership at the WHO, Taiwan's re-admittance to the WHO as an observer, United States engagement in an international investigation with likeminded WHO Member States regarding the early stages of COVID-19, and concrete reforms to the International Health Regulations.

New Leadership at WHO

It is clear Director-General Tedros seriously erred in his handling of the COVID-19 pandemic. Coupled with a concerning history of covering up outbreaks of cholera in his home country of Ethiopia and repeated delays in declaring a PHEIC in response to the Kivu Ebola epidemic, we believe there is an established pattern of poor decision-making and political deference that has weakened the ability of the WHO to fulfill its mandate. We do not expect, nor require, the head of the WHO to be perfect. However, Director-General Tedros has repeatedly defended his decisions, responded to Taiwan's criticism by accusing their government of supporting racists,²⁸¹ and praised the CCP's deplorable actions in response to the outbreak.

Defenders of Director-General Tedros argue that it would have been counterproductive to push back against the CCP. They argue that "diplomatic flattery is the price of ensuring Chinese cooperation."²⁸² Others say that the Director-General "cannot afford to antagonize the notoriously touchy Chinese government."²⁸³ These statements rest on the claim that if Director-

²⁸¹ "Coronavirus: WHO Chief and Taiwan in Row over 'Racist' Comments." *BBC News*, 9 Apr. 2020, www.bbc.com/news/world-asia-52230833.

²⁸² Borger, Julian. "Caught in a Superpower Struggle: the inside Story of the WHO's Response to Coronavirus." *The Guardian*, 18 Apr. 2020, www.theguardian.com/world/2020/apr/18/caught-in-a-superpower-struggle-the-inside-story-of-the-whos-response-to-coronavirus.

²⁸³ Griffiths, James. "WHO's Relationship with China under Scrutiny Due to Coronavirus Crisis." *CNN*, 17 Feb. 2020, www.cnn.com/2020/02/14/asia/coronavirus-who-china-intl-hnk/index.html.

General Tedros had been more aggressive in questioning the claims coming from the CCP, then the CCP would have shared less information or delayed WHO access to the country.

However, such defenses ring hollow when the world has seen the impact of an independent Director-General of the WHO. In April 2003, two months after the CCP finally reported the outbreak of SARS to the WHO, and in the midst of the WHO response, then-Director-General Gro Harlem Brundtland publicly commented on the CCP's mishandling of the outbreak. Director-General Brundtland criticized the failure of the CCP to report the outbreak and their lack of coordination with the international community.²⁸⁴ Under her leadership the WHO declared a travel guidance for the first time in 55 years in order to stem the spread of SARS.²⁸⁵ Almost prophetically, Director-General Brundtland stated:

When I say that it would have been better, it means that I'm saying as the director general of the World Health Organisation: next time something strange and new comes anywhere in the world let us come in as quickly as possible.²⁸⁶

Tragically, the CCP failed to heed her guidance. Director-General Brundtland's handling of the 2003 SARS pandemic is a case study for the importance of a Director-General who speaks truth to power and publicly challenges Member States when they fail to uphold their obligations to the international community. Instead, Director-General Tedros has chosen to defend and heap praise on a Member State who has continuously fed the WHO lies and misinformation. As stated earlier in this report, we now know Director-General Tedros and other senior leaders within the WHO knew that the PRC was withholding information and failing to abide by the IHR despite the deference of the WHO. They knew their policy of appeasement was failing yet chose to double down on it.

As such, we have lost faith in the ability of Director-General Tedros to lead the WHO. Having presided over two flawed PHEIC responses and prevented Taiwan from engaging with the WHO, it is clear that Director-General Tedros prioritizes matters other than the on-the-ground impact of COVID-19. The WHO's constitution requires it to provide "appropriate technical assistance,"²⁸⁷ not political coverage for mistakes and cover-ups carried out by Member States. As Director-General, the responsibility of declaring a PHEIC, and indeed, the impact of choosing not to declare one, rests on his shoulders. In order to restore the faith of WHO Member States and return the WHO to its mandate of providing accurate, technical advice, **Director-General Tedros should accept responsibility for his detrimental impact on the COVID-19 response and resign.** The health of the world cannot afford incompetence and poor management.

²⁸⁴ "Health | China under Fire for Virus Spread." *BBC News*, 6 Apr. 2003, www.news.bbc.co.uk/2/hi/health/2922993.stm

²⁸⁵ Collins, Michael. "The WHO and China: Dereliction of Duty." *Council on Foreign Relations*, 27 Feb. 2020, www.cfr.org/blog/who-and-china-dereliction-duty.

²⁸⁶ "Health | China under Fire for Virus Spread." *BBC News*, 6 Apr. 2003, www.news.bbc.co.uk/2/hi/health/2922993.stm

²⁸⁷ "Constitution." *World Health Organization*, www.who.int/about/who-we-are/constitution.

Re-admittance of Taiwan to the WHO under Observer Status

In the early 1970s, by a vote of the World Health Assembly, Taiwan was removed from the World Health Organization and replaced with the PRC. After years of Taiwan petitioning to be readmitted to the WHO, the PRC and WHO signed the 2005 Memorandum of Understanding between the WHO Secretariat and the PRC. While the text remains secret, it is understood that the agreement severely limits contact between the WHO and Taiwan. Taiwan's interactions with the WHO were so restricted that representatives from Taiwan were only allowed to attend 21 of the approximately 1,000 WHO technical meetings held between 2005 and 2008.²⁸⁸

In 2009, after years of diplomatic negotiation, the Department of Health in Taiwan received an invitation from then WHO Director-General Margaret Chan to attend a meeting of the WHA under the name "Chinese Taipei." The invitation, granted under the authority of the Director-General of the WHO,²⁸⁹ was extended each year until 2016. After Taiwan democratically elected President Tsai Ing-wen, seen as more critical of the PRC than her predecessor, the invitations stopped.²⁹⁰ Director-General Tedros, after being elected in May 2017, was quick to reassure the CCP that he would support their position. On May 26th, three days after he was elected, Director-General Tedros spoke to Xinhua, a PRC state-run press agency, and pledged to "abide by the one-China principle."²⁹¹ The "one-China principle" is the CCP's own view that it holds sovereignty over Taiwan, which is not UN policy, the consensus view of UN member states, nor the policy of the United States.

The importance of Taiwan's inclusion at the WHO is an issue that has longstanding bipartisan support in Congress. During the 116th Congress, both chambers have passed several pieces of legislation supporting Taiwan's engagement with the WHO. The House of Representatives passed H.R.353, a bill supporting Taiwan's participation in the WHO, unanimously. The Senate followed suit, unanimously approving S.249, a similar bill. A third piece of legislation, S. 1678, was signed into law by President Trump earlier this year, establishing as the policy of the United States support for the inclusion of Taiwan as an observer within appropriate international organizations.

Despite Taiwan's early identification of the outbreak, warning of human-to-human transmission, and success in battling COVID-19, Director-General Tedros has remained committed to the CCP's position and continues to refuse to invite Taiwan to participate in the WHA. Had Taiwan been a member of the WHA, or allowed to attend under Observer Status, it is highly likely their warnings regarding human-to-human transmission would have been transmitted to other countries instead of censored by the WHO. As was the case under the

²⁸⁸ Glazier, E., et al. "The Limits of Global Health Diplomacy: Taiwan's Observer Status at the World Health Assembly." *Globalization and Health*, BioMed Central, 1 Oct. 2014, <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-014-0071-y>.

²⁸⁹ *Ibid.*

²⁹⁰ Ching, Nike. "US Supports Taiwan's World Health Assembly Observer Status ." *Voice of America*, 30 Mar. 2020, www.voanews.com/science-health/coronavirus-outbreak/us-supports-taiwans-world-health-assembly-observer-status.

²⁹¹ "WHO's Newly Elected Chief Reaffirms One-China Principle." *Xinhua*, 26 May 2017, www.xinhuanet.com/english/2017-05/26/c_136318462.htm.

previous Director-General, it is completely within Director-General Tedros' power to invite Taiwan to participate in the WHA. He has simply chosen to allow the PRC to make this decision for him, yielding his authority in deference to the CCP. **As such, we call upon the Director-General who replaces Director-General Tedros to invite Taiwan to participate in the WHO, in order to ensure that future warnings about potential health emergencies do not go unheeded.**

International Investigation

The United States should engage with likeminded WHO Member States and Taiwan on an international investigation of the CCP's cover-up of the early stages of the pandemic and the WHO's failure to fulfill its obligations under the IHR. Such an investigation should seek to establish an even more definitive account of the origins of SARS-CoV-2, its appearance in humans, efforts by the CCP to conceal relevant scientific and health information about the outbreak, the effect of the CCP's cover-up on the actions of the WHO, the impact of the WHO's parroting of CCP propaganda, and the influence of the CCP's cover-up on the global response.

Fortunately, we are not alone in this proposal. The Governments of Australia, Japan, New Zealand, Sweden, and Taiwan, in addition to the European Commission, have publicly expressed their support for an independent investigation of the pandemic. On May 19, the World Health Assembly unanimously adopted a resolution cosponsored by more than 130 countries calling for an independent and comprehensive evaluation of the WHO's handling of the COVID-19 pandemic.²⁹² The resolution, despite not mentioning the PRC's cover-up or failure to abide by the IHR, is a positive step towards developing a comprehensive understanding of the pandemic. However, while this investigation is important, it does not address the issue of true accountability regarding the PRC's clear violations of international law.

On July 6th, the United States submitted formal notice of its intent to withdraw from the WHO, effective July 6, 2021. We share the frustrations of President Trump, Secretary of State Pompeo, and National Security Adviser O'Brien with the WHO's mishandling of the COVID-19 pandemic. NSA O'Brien has publicly stated that the Administration would consider remaining a part of the WHO if the organization instituted the necessary reforms to ensure its independence.²⁹³ We agree it is vital for the WHO to restore its independent nature as a body that provides technical advice free from political considerations. The on-going pandemic has revealed deep flaws within WHO processes that can only be addressed by serious, and extensive, reforms. **While the WHO failed to abide by the IHR, uphold its mandate, and fulfil its obligations to Member States, we do not believe the withdrawal of the United States or the establishment of a competing international organization is the best path forward. As such, we call on the WHO to fix the deficiencies outlined by the Administration, adopt the recommendations of this report through internal action where possible, and make preparations for**

²⁹² "Historic Health Assembly Ends with Global Commitment to COVID-19 Response." *World Health Organization*, 19 May 2020, www.who.int/news-room/detail/19-05-2020-historic-health-assembly-ends-with-global-commitment-to-covid-19-response.

²⁹³ Semones, Evan. "Trump's National Security Adviser Attacks World Health Organization." *POLITICO*, 31 May 2020, www.politico.com/news/2020/05/31/trump-obrien-world-health-organization-corrupt-292059.

improvements and reforms that need to be ratified by the World Health Assembly at its next meeting or emergency session. By remaining part of a WHO that is ready for change, the United States can be drive forward the necessary reforms of the International Health Regulations and the WHO.

IHR Reforms

In the wake of the 2003 SARS pandemic, the United States was involved in efforts to reform the International Health Regulations. Negotiations amongst WHO Member States resulted in the 2005 IHR, which entered into effect in 2007. While the 2005 IHR included several important reforms, the COVID-19 pandemic has revealed additional flaws and the need to refine previous reforms. We recommend the President and Secretary of State use the voice, vote, and influence of the United States to seek additional IHR reforms, including around the information Member States are required to provide, the WHO's obligations to investigate unofficial reports concerning health events and notify Member States, and the process for declaring a PHEIC.

Article 6 of the IHR requires Member States to provide certain relevant public health information to the WHO, including "laboratory results,"²⁹⁴ among other things. As discussed earlier in the report, the PRC failed to transmit the SARS-CoV-2 genetic sequencing data to the WHO for 10 days, and to date has not provided viral isolates or other biological samples to the WHO. Article 6 should be amended to include, by reference, genetic sequencing data and biological samples in the list of public health information Member States are required to provide to the WHO. This will ensure that Member States cannot exploit loopholes they perceive to hide or suppress vital public health information.

Under Article 9 of the IHR, the WHO has a "mandate"²⁹⁵ to investigate and seek verification of unofficial reports concerning health events with "potential international implication."²⁹⁶ In several instances discussed in this report, it appears that the WHO failed to do so. The United States Government should consider how to improve and clarify the WHO's responsibilities to investigate reports from non-Member States under Article 9. One possible option would be requiring the WHO to disclose the results of their investigations once complete. Alternatively, the IHR could be modified to empower Member States to refer third party or unofficial reports of activity within a different Member State to the WHO for investigation.

Article 11 of the IHR regulates how the WHO provides information to Member States. While the IHR mandates Member States provide certain information with 24- or 48-hours, Article 10 only requires the WHO to provide information "as soon as possible."²⁹⁷ After the Wuhan Municipal Health Commission notified the WHO of the outbreak, it took the WHO four days to publicly report the notification on social media and five days to issue a technical publication to the scientific and public health communities. The IHR should be modified to require the WHO to

²⁹⁴ 2005 IHR.

²⁹⁵ "Frequently Asked Questions about the International Health Regulations (2005)." *World Health Organization*, 18 Aug. 2009, www.who.int/ihr/about/faq/en/.

²⁹⁶ *Ibid.*

²⁹⁷ 2005 IHR.

inform Member States of all reports and notifications received from a Member State within 48 hours.

Finally, Article 12 concerns the determination of a Public Health Emergency of International Concern. While Section 4 of the Article provides a list of items for the Director-General to consider, there is no requirement that the Director-General heed the advice of the Emergency Committee or provide justification of his decision to declare, or not declare, a PHEIC. We believe that the breakdown of the PHEIC process during the Kivu Ebola epidemic and the current COVID-19 pandemic illustrates the need to reform and formalize this process. PHEIC decisions should be made based on scientific information and global health best practices, not any other considerations. To this end, we recommend reforms around the structure and authority of the Emergency Committee, as well as the processes in Article 12, that would achieve this goal.

VIII. CONCLUSION

There remain many unanswered questions as to the origins of SARS-CoV-2 and the cause of the COVID-19 global pandemic. New information continues to leak out of the PRC showing the scale of CCP efforts to hide and cover up the outbreak. Director-General Tedros' full-throated defense of the CCP's response and embrace of their revisionist history remains incredibly concerning. Reflecting on what we have uncovered so far, the failures of the CCP to protect their citizens and fulfill their obligations under international law have resulted in disappeared journalists, a world seized by a public health emergency, a shattered world economy, and hundreds of thousands of dead.

Senior CCP leaders, including CCP General Secretary Xi Jinping, knew a pandemic was ongoing weeks before it was announced. Instead of warning the world, the CCP chose to nationalize foreign supply chains and secretly buy up medical supplies in foreign countries to ship to the PRC. When countries complained, or advocated for an investigation into the CCP cover-up, the PRC threatened bans on exports or instituted massive tariffs to punish those countries. The CCP continues to seek to bully not only the WHO, but other countries around the world who want to understand the core failures that lead to COVID-19 becoming a global pandemic.

Research shows the CCP could have reduced the number of cases in China by up to 95% had it fulfilled its obligations under international law and responded to the outbreak in a manner consistent with best practices. It is highly likely the ongoing pandemic could have been prevented. The WHO, despite internal discussions about the lack of transparency and cooperation from the CCP, continues to praise General Secretary Xi and the PRC for its handling of the virus. As such, it is incumbent upon the United States and likeminded WHO Member States to ensure the accountability and reforms at the WHO necessary to prevent the CCP's malfeasance from giving rise to a third pandemic during the 21st century.

IX. APPENDIX

Timeline of Key Events in the Chinese Communist Party's Cover-up

December 2019 – January 2020: CCP leaders know about coronavirus but take aggressive steps to hide it from the public, including detaining doctors who warned about the virus and censoring media on the virus.

Dec. 30, 2019: Doctors in Wuhan report positive tests for “SARS Coronavirus” to Wuhan health officials. Under WHO regulations, China is required to report these results within 24 hours. China fails to inform the WHO about the outbreak.

Dec. 31, 2019: WHO officials in Geneva become aware of media reports regarding an outbreak in Wuhan and direct the WHO China Country Office to investigate. Taiwan informs WHO about human-to-human transmission, but data is not published on WHO's data exchange platform.

Jan. 1, 2020: Hubei Provincial Health Commission official orders gene sequencing companies and labs who had already determined the novel virus was similar to SARS to stop testing and to destroy existing samples.

Jan. 2, 2020: The Wuhan Institute of Virology (WIV) completes gene sequencing of the virus, but the CCP does not share the sequence or inform the WHO.

Jan. 3, 2020: China's National Health Commission ordered institutions not to publish any information related to the “unknown disease” and ordered labs to transfer samples to CCP controlled national institutions or destroy them.

Mid-Late January: Despite knowing about the virus, CCP allowed massive travel within China and abroad during the Spring Festival (3 billion estimated trips over 40 days), and Wuhan held a celebratory potluck with more than 40,000 families eating from 14,000 dishes.

Jan. 11-12, 2020: After a researcher in Shanghai leaks the gene sequence online, the CCP transmits the WIV's gene sequencing information to the WHO that was completed 10 days earlier. The Shanghai lab where the researcher works is ordered to close.

Jan. 14, 2020: Wuhan health authorities claim no human-to-human transmission from coronavirus. This assessment was tweeted by WHO the same day. According to classified documents obtained by the Associated Press, Xi Jinping is warned by top Chinese health official that a pandemic is occurring.

Jan. 22, 2020: WHO mission to China admits some evidence of human-to-human transmission.

Jan. 23, 2020: After the Emergency Committee is divided on whether to declare a Public Health Emergency of International Concern (PHEIC), Director-General Tedros decides not to. This delay contributed to a regional epidemic turning into a global pandemic.

Jan. 23, 2020: The CCP institutes a city-wide lockdown of Wuhan. However, before the lockdown goes into effect, an estimated 5 million people leave the city.

Jan. 29, 2020: Tedros praises the CCP's response to the virus, saying their transparency was "very impressive, and beyond words" and that the CCP was "actually setting a new standard for outbreak response."

Jan. 30, 2020: One week after declining to do so, Tedros declares a Public Health Emergency of International Concern.

Feb. 1, 2020: First death outside of the PRC occurs, in the Philippines.

Feb. 7, 2020: Dr. Li, who first shared the positive SARS test results with his classmates via WeChat, dies from COVID-19.

Feb. 9, 2020: The death toll for COVID-19 surpasses that of SARS.

Feb. 15, 2020: First death from COVID-19 outside of Asia occurs, in France.

Feb. 16, 2020: WHO and PRC officials begin a nine-day "WHO-China Joint Mission on Coronavirus Disease 2019" and travel to China to examine the outbreak and origin of COVID-19. Many team members, including at least one American, were not allowed to visit Wuhan on the trip.

Feb. 25, 2020: For the first time, more new cases are reported outside of PRC than within.

Feb. 26, 2020: The WHO-China Joint Mission issues its findings, praising the PRC for its handling of the outbreak.

Feb. 29, 2020: The first reported COVID-19 death in the United States occurs.

March 11, 2020: The WHO officially declares the COVID-19 outbreak a pandemic after 114 countries had already reported 118,000 cases including more than 1,000 in the United States.

Laboratory Results shared by Dr. Ai Denoting a Positive Test for "SARS coronavirus"

二、MAPMI检测结果

临床病原体筛查结果

1-检出<高置信度*>阳性指标

SARS冠状病毒、铜绿假单胞菌、46种口腔/呼吸道定植菌

2-检出<中置信度*>阳性指标

无

3-检出<疑似，仅供临床参考*>指标

肺炎克雷伯菌

【阳性物种注释】：

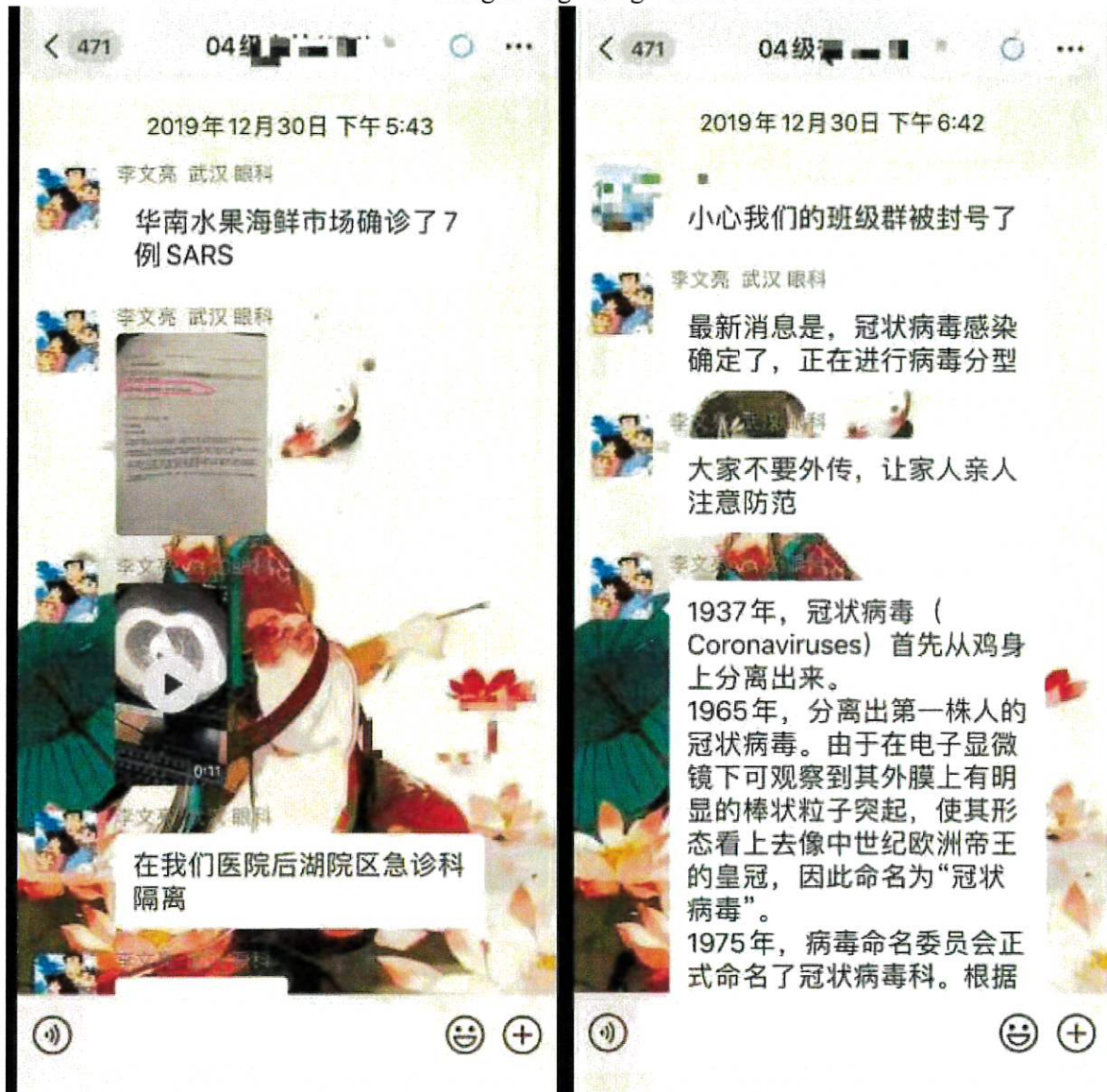
1. SARS冠状病毒：检出的SARS冠状病毒是一种单股正链RNA病毒，该病毒主要传播方式为近距离飞沫传播或接触患者呼吸道分泌物，可引起一种具有明显传染性、可累及多个脏器的特殊肺炎，也称非典型肺炎。

2. 铜绿假单胞菌：检出的铜绿假单胞菌为非发酵革兰氏阴性厌氧杆菌，该菌广泛分布在环境中，为条件致病菌，当人体抵抗力下降时容易引起感染，可引起烧伤创面感染、肺部感染、泌尿道感染、中耳炎、脑膜炎、败血症等。

3. 肺炎克雷伯菌：检出的肺炎克雷伯菌为革兰氏阴性杆菌，通常定植于人体皮肤、鼻咽及肠道等部位，该菌为条件致病菌，机体抵抗力降低时，可引起支气管炎、肺炎、泌尿系和创伤感染，甚至败血症、脑膜炎、腹膜炎等。其检出的基因组覆盖度仅为0.17%，为该技术的检测灰区，置信等级为疑似，仅供临床参考。

4. 该肺泡灌洗液样本同时检出46种细菌（详见Excel列表），绝大多数为口腔/呼吸道定植菌，其中未见罕见致病菌源菌，具体请临床参考判断。

Screenshot of Dr. Li's Messages Regarding Positive SARS Tests



Letter from Shanghai Fudan University Public Health Clinical Center to the National Health
Commission

上海市
复旦大学附属 公共卫生临床中心

关于湖北省武汉市华南海鲜市场不明原因发热肺炎疫情
的病原学调查报告

国家卫生健康委员会：

我单位（上海市公共卫生临床中心）张永振教授团队与武汉市中心医院、武汉市CDC合作，于2020年1月6日从湖北省武汉市华南海鲜市场一名不明原因发热肺炎病人呼吸道灌洗液中检测出类SARS冠状病毒，经过高通量测序获得了该病毒的全基因组，序列分析发现该病毒与类SARS冠状病毒同源性高达80.11%，命名为Wuhan-Hu-1冠状病毒（WHCV）。由于我们仅有1例重症病人的标本，根据我们对该病人及其他病人临床特征等综合分析，造成本次武汉华南海鲜市场不明原因发热肺炎疫情可能是由该新型Wuhan-Hu-1冠状病毒引起。鉴于该病毒与造成SARS疫情的冠状病毒同源，应经呼吸道传播，建议在公共场所采取相应的防控措施以及在临床救治中采用抗病毒治疗。

抄送 上海市卫生健康委员会、上海市申康医院发展中心

上海市公共卫生临床中心

2020年1月5日

Letter Signed by Dr. Li under Coercion from Wuhan Public Security Bureau

武汉市公安局 武昌分局 中南路街派出所

训 诫 书

武公(中)字(2020)第

被训诫人 李文亮 性别 男 出身年月

身份证号各类及号码 210

现住址(户籍所在地) 武汉市武昌区民权路 648 号 1 栋 2 单元 23 楼 2305 室

工作单位 武汉市中心医院

违法行为(时间、地点、参与人、人数、反映何问题、后果等)

2019 年 12 月 30 日在微信群“武汉大学临床 04 级”发表有关华南水果海鲜市场确诊 7 例 SARS 的不属实的言论。

现在依法对你在互联网上发表不属实的言论的违法问题提出警示和训诫。你的行为严重扰乱了社会秩序。你的行为已超出了法律所允许的范围,违反了《中华人民共和国治安管理处罚法》的有关规定,是一种违法行为!

公安机关希望你积极配合工作,听从民警的规劝,至此中止违法行为。你能做到吗?

答: 能

我们希望你能冷静下来好好反思,并郑重告诫你:如果你固执己见,不思悔改,继续进行违法活动,你将会受到法律的制裁!你听明白了吗?

答: 明白

被训诫人: 李文亮

训诫人: 胡松 徐松

2020 年 1 月 3 日

工作单位:

2020 年 1 月 3 日



Discipline Notice from the CCP's Discipline Inspection Commission for Taizhou City Number
Two People's Hospital

泰州市第二人民医院

关于急诊科护士李敏违反新型冠状病毒感染的 肺炎疫情防控工作纪律处理意见的通报

各部门、各科室：

当前，正值新型冠状病毒感染的肺炎疫情防控的关键时期，全院广大干部职工在各级政府及卫生行政主管部门的坚强领导下，团结一心，抗击疫情，但仍有个别人员纪律意识不强。2020年1月26日，急诊科护士李敏，无视疫情防控工作纪律，与同学微信聊天时擅自谈论疫情防控相关信息，聊天记录被其同学发至微信群，造成不良影响。根据泰州二院《关于强化新型冠状病毒感染的肺炎疫情防控工作监督执纪问责的通知》规定，决定给予李敏全院通报批评处理，后续处理意见待进一步研究确定。请各科室引以为戒，切实加强医务人员纪律教育，任何人不得擅自接受媒体采访或发布疫情防控相关信息，不得在家族群、同学群等微信群发布相关敏感信息。



2018 Cables from Embassy Beijing and Consulate General Wuhan to State Department
Headquarters in Washington, D.C.

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MRN:	18 BEIJING 138
Date/DTG:	Jan 19, 2018 / 190739Z JAN 18
From:	AMEMBASSY BEIJING
Action:	WASHDC, SECSTATE ROUTINE
E.O.:	13526
TAGS:	SHLH, ETRD, ECON, PGOV, CN
Captions:	SENSITIVE
Reference:	17 WUHAN 48
Subject:	China Opens First Bio Safety Level 4 Laboratory

1. (SBU) **Summary and Comment:** The Chinese Academy of Sciences (CAS) has recently established what is reportedly China's first Biosafety Level 4 (BSL-4) laboratory in Wuhan. This state-of-the-art facility is designed for prevention and control research on diseases that require the highest level of biosafety and biosecurity containment. Ultimately, scientists hope the lab will contribute to the development of new antiviral drugs and vaccines, but its current productivity is limited by a shortage of the highly trained technicians and investigators required to safely operate a BSL-4 laboratory and a lack of clarity in related Chinese government policies and guidelines. (b)(5)

(b)(5)

(b)(5) End Summary and Comment.

China Investing in Infectious Disease Control

2. (U) Between November 2002 and July 2003, China faced an outbreak of Severe Acute Respiratory Syndrome (SARS), which, according to the World Health Organization, resulting in 8,098 cases and leading to 774 deaths reported in 37 countries. A majority of cases occurred in China, where the fatality rate was 9.6%. This incident convinced China to prioritize international cooperation for infectious disease control. An aspect of this prioritization was China's work with the Jean Merieux BSL-4 Laboratory in Lyon, France, to build China's first high containment laboratory at Wuhan's Institute of Virology (WIV), an institute under the auspices of the Chinese Academy of Sciences (CAS). Construction took 11 years and \$44 million USD, and construction on the facility was completed on January 31, 2015. Following

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two years of effort, which is not unusual for such facilities, the WIV lab was accredited in February 2017 by the China National Accreditation Service for Conformity Assessment. It occupies four floors and consists of over 32,000 square feet. WIV leadership now considers the lab operational and ready for research on class-four pathogens (P4), among which are the most virulent viruses that pose a high risk of aerosolized person-to-person transmission.

Unclear Guidelines on Virus Access and a Lack of Trained Talent Impede Research

3. (SBU) In addition to accreditation, the lab must also receive permission from the National Health and Family Planning Commission (NHFP) to initiate research on specific highly contagious pathogens. According to some WIV scientists, it is unclear how NHFP determines what viruses can or cannot be studied in the new laboratory. To date, WIV has obtained permission for research on three viruses: Ebola virus, Nipah virus, and Xinjiang hemorrhagic fever virus (a strain of Crimean Congo hemorrhagic fever found in China's Xinjiang Province). Despite this permission, however, the Chinese government has not allowed the WIV to import Ebola viruses for study in the BSL-4 lab. Therefore, WIV scientists are frustrated and have pointed out that they won't be able to conduct research project with Ebola viruses at the new BSL-4 lab despite of the permission.

(b)(6)

(b)(6)

Thus, while the BSL-4 lab is ostensibly fully accredited, its utilization is limited by lack of access to specific organisms and by opaque government review and approval processes. As long as this situation continues, Beijing's commitment to prioritizing infectious disease control - on the regional and international level, especially in relation to highly pathogenic viruses, remains in doubt.

(b)(6)

noted that the new lab has a serious shortage of appropriately trained technicians and investigators needed to safely operate this high-containment laboratory. University of Texas Medical Branch in Galveston (UTMB), which has one of several well-established BSL-4 labs in the United States (supported by the National Institute of Allergy and Infectious Diseases (NIAID of NIH)), has scientific collaborations with WIV, which may help alleviate this talent gap over time. Reportedly, researchers from UTMB are helping train technicians who work in the WIV BSL-4 lab. Despite this, (b)(6) they would welcome more help from U.S. and international organizations as they establish "gold standard" operating procedures and training courses for the first time in China. As China is building more BSL-4 labs, including one in Harbin Veterinary Research Institute subordinated to the Chinese Academy of Agricultural Sciences (CAAS) for veterinary research use, (b)(6) the training for technicians and investigators working on dangerous pathogens will certainly be in demand.

Despite Limitations, WIV Researchers Produce SARS Discoveries

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6. (SBU) The ability of WIV scientists to undertake productive research despite limitations on the use of the new BSL-4 facility is demonstrated by a recent publication on the origins of SARS. Over a five-year study, (b)(6) (and their research team) widely sampled bats in Yunnan province with funding support from NIAID/NIH, USAID, and several Chinese funding agencies. The study results were published in PLoS Pathogens online on Nov. 30, 2017 (1), and it demonstrated that a SARS-like coronavirus isolated from horseshoe bats in a single cave contain all the building blocks of the pandemic SARS-coronavirus genome that caused the human outbreak. These results strongly suggest that the highly pathogenic SARS-coronavirus originated in this bat population. Most importantly, the researchers also showed that various SARS-like coronaviruses can interact with ACE2, the human receptor identified for SARS-coronavirus. This finding strongly suggests that SARS-like coronaviruses from bats can be transmitted to humans to cause SARS-like disease. From a public health perspective, this makes the continued surveillance of SARS-like coronaviruses in bats and study of the animal-human interface critical to future emerging coronavirus outbreak prediction and prevention. (b)(6)

(b)(5) WIV scientists are allowed to study the SARS-like coronaviruses isolated from bats while they are precluded from studying human-disease causing SARS coronavirus in their new BSL-4 lab until permission for such work is granted by the NHFCC.

1. Hu B, Zeng L-P, Yang X-L, Ge X-Y, Zhang W, Li B, et al. (2017) Discovery of a rich gene pool of bat SARS-related coronaviruses provides new insights into the origin of SARS coronavirus. PLoS Pathog 13(11): e1006698. <https://doi.org/10.1371/journal.ppat.1006698>

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MRN: 18 WUHAN 38
 Date/DTG: Apr 18, 2018 / 190551Z APR 18
 From: AMCONSUL WUHAN
 Action: WASHDC, SECSTATE ROUTINE
 E.O.: 13526
 TAGS: SHLH, PGOV, CN, PREL, TBIO, KGH, CDC, EMD, KHIV, IN, JP, TW, TSPL, PINS, SENV
 Captions: SENSITIVE
 Reference: A) 18 BEIJING 138
 B) 17 BEIJING 2458
 C) 11 MUMBAI 630
 D) 17 TOKYO 716
 E) 13 SECUL 790
 Subject: China Virus Institute Welcomes More U.S. Cooperation on Global Health Security

1. (SBU) Summary with Comment: China's Wuhan Institute of Virology, a global leader in virus research, is a key partner for the United States in protecting global health security. Its role as operator of the just-launched Biosafety Level 4 (or "P4") lab -- the first such lab in China -- opens up even more opportunities for expert exchange, especially in light of the lab's shortage of trained staff (Ref A). (b)(5)

(b)(5)

(b)(5)

End Summary with
 Comment.

2. (U) Wuhan Institute of Virology researchers and staff gave an overview of the lab and current cooperation with the United States to visiting Environment, Science, Technology and Health Counsellor Rick Switzer and Consulate Wuhan Consul General Jamie Fouss in late March. In the last year, the institute has also hosted visits from the National Institutes of Health (NIH), National Science Foundation, and experts from the University of Texas Medical Branch in Galveston. The institute reports to the Chinese Academy of Sciences in Beijing.

P4 Lab is Open and Transparent, Officials Emphasize

3. (SBU) The Wuhan P4 lab, referring to labs with the highest level of safety precautions, became fully operational and began working with live viruses early this year. Institute officials said they believed it is the only operational P4 lab in Asia aside from a U.S. Centers for Disease

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Control (CDC)-supported facility in Pune, India (Ref C). China plans to stand up a second P4 lab in Harbin. Institute officials said Japan's biosafety labs are "old" and lack cutting-edge equipment, so they consider Japan's labs to be "P3 Plus" (Note: the Japanese government says it has one P4-level lab in the Tokyo suburbs, though its activities are limited, and Japan is building a new P4 lab in Nagasaki, see Ref D). Taiwan operates at least one P4 lab. South Korea was close to opening a P4 lab as of last year, see Ref E. *End Note.*) Wuhan's lab is located about 20 miles from the city center in Zhengdian district, and the institute plans to gradually consolidate its other training, classroom and lab facilities at that location.

4. (U) Officials described the lab as a "regional node" in the global biosafety system and said it would play an emergency response role in an epidemic or pandemic. The lab's English brochure highlighted a national security role, saying that it "is an effective measure to improve China's availability in safeguarding national bio-safety if [a] possible biological warfare or terrorist attack happens."

5. (SBU) Institute officials said there would be "limited availability" for international and domestic scientists who had gone through the necessary approval process to do research at the lab. They stressed that the lab aimed to be a "worldwide, open platform" for virology. They said they welcomed U.S. Centers for Disease Control (CDC) experts, noting that the Chinese Academy of Sciences was not strong on human disease expertise, having only focused on it in the last 15 years, after the SARS outbreak. A Wuhan-based French consulate official who works on science and technology cooperation with China also emphasized that the lab, which was initiated in 2004 as a France-China joint project, was meant to be "open and transparent" to the global scientific community. "The intent was to set up a lab to international standards, and open to international research," he said. French experts have provided guidance and biosafety training to the lab, which will continue, the French official said. Institute officials said that France provided the lab's design and much of its technology, but that it is entirely China-funded and has been completely China-run since a "handover" ceremony in 2016.

6. (U) In addition to French assistance, experts from the NIH-supported P4 lab at the University of Texas Medical Branch in Galveston have trained Wuhan lab technicians in lab management and maintenance, institute officials said. The Wuhan institute plans to invite scientists from the Galveston lab to do research in Wuhan's lab. One Wuhan Institute of Virology researcher trained for two years at the Galveston lab, and the institute also sent one scientist to U.S. CDC headquarters in Atlanta for six months' work on influenza.

NIH-Supported Research Revises SARS Origin Story

7. (U) NIH was a major funder, along with the Natural Science Foundation of China (NSFC), of SARS research by the Wuhan Institute of Virology's (b)(6) (b)(6)

(b)(6) This lends weight to the theory that SARS originated in bat populations before jumping first to civet cats (likely via bat feces) and then to humans. (b)(6)

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(b)(6)
 (b)(6) team has provided support in statistical modeling to assess the risk of more coronaviruses like SARS crossing over to human populations.

Ready to Help with the Global Virome Project

8. (U) Institute officials expressed strong interest in the Global Virome Project (GVP), and said Chinese funding for the project would likely come from Chinese Academy of Sciences funding already earmarked for One Belt, One Road-related initiatives. The GVP aims to launch this year as an international collaborative effort to identify within ten years virtually all of the planet's viruses that have pandemic or epidemic potential and the ability to jump to humans. "We hope China will be one of the leading countries to initiate the Global Virome Project," one Wuhan Institute of Virology official said. China attended a GVP unveiling meeting in January in Thailand and is waiting for more details on the initiative. The officials said that the Chinese government funds projects similar to GVP to investigate the background of viruses and bacteria. This essentially constituted China's own Virome Project, officials said, but they noted the program currently has no official name.

9. (SBU) The Wuhan Institute of Virology's (b)(6) is the (b)(6) (b)(6) which is designed to show "proof of concept" and be a forerunner to the Global Virome Project. (b)(6) with the EcoHealth Alliance (a New York City-based NGO that is working with the University of California, Davis to manage the (b)(6) recently planned to visit Wuhan to meet with (b)(6) (b)(6) noted that China has expressed interest in building the GVP database, which would put China in a leadership position. Other countries have confidence in China's ability to build such a database, but are skeptical on whether China could remain transparent as a "gatekeeper" for this information (b)(6) said (b)(6) expressed frustration with the slow progress so far in launching GVP, noting that the effort lacked funding sources, needed to hire a CEO, and would have to boost its profile at G7, G20 and other high-level international meetings.

U.S.-China Workshop Explores Research Partnerships

10. (U) The Institute also has ongoing collaboration with the U.S. National Science Foundation, including a just-concluded workshop in Shenzhen, involving about 40 scientists from the United States and China, on the topic of the "Ecology and Evolution of Infectious Diseases." Co-sponsored by the Natural Science Foundation of China (NSFC), (b)(6) (b)(6) The workshop explored opportunities for U.S.-China research cooperation in areas like using "big data" to predict emerging infectious diseases, climate change's effect on vector-borne diseases, and pathogen transmission between wildlife, domestic animals and humans.

11. (SBU) Some workshop participants also expressed skepticism about the Global Virome Project's (GVP) approach, saying that gaining a predictive understanding of viruses with pandemic potential would require going beyond the GVP's strategy of sample collection, to take an "ecological" approach that considers the virome beyond vertebrate systems to identify

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mechanisms driving pathogen evolution. A follow-on workshop will be held in June at the University of Berkeley. NSF and NSFC hope to jointly announce a funding call for collaborative projects later this year.

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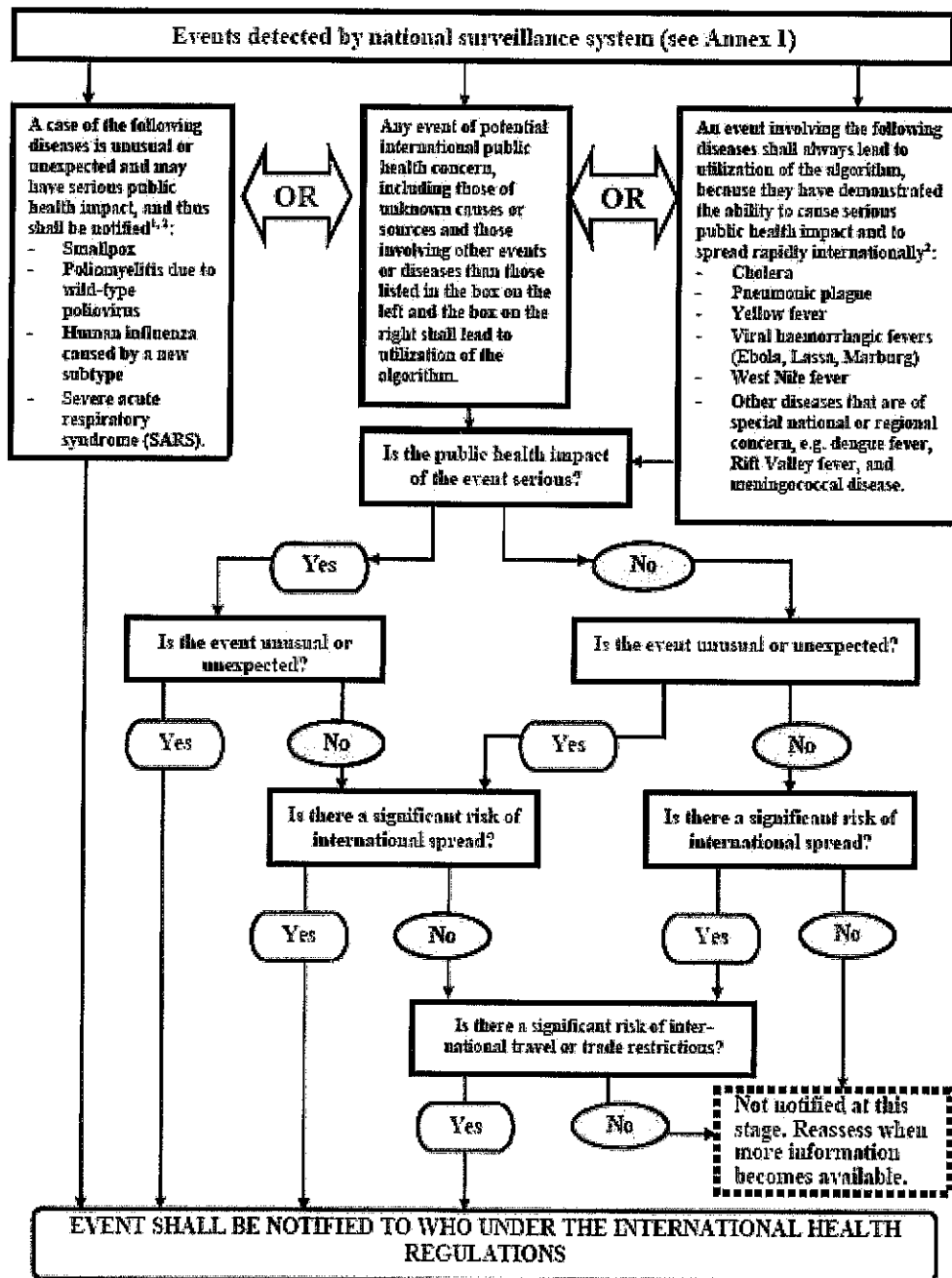
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Annex 2 of the 2005 International Health Regulations

ANNEX 2
**DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION
 OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY
 OF INTERNATIONAL CONCERN**

¹ As per WHO case definitions.² The disease list shall be used only for the purposes of these Regulations.

Letter to World Health Organization Director-General Tedros on Outstanding Questions

ELIOT L. ENGEL, New York
CHAIRMAN

JASON STEINBAUM
STAFF DIRECTOR



One Hundred Sixteenth Congress
U.S. House of Representatives
Committee on Foreign Affairs
2170 Rayburn House Office Building
Washington, DC 20515
www.foreignaffairs.house.gov

MICHAEL T. McCAUL, TEXAS
RANKING REPUBLICAN MEMBER

BRENDAN P. SHIELDS
REPUBLICAN STAFF DIRECTOR

May 8, 2020

Dr. Tedros Adhanom Ghebreyesus
Director-General
World Health Organization
Avenue Appia 20
1211 Geneva

Dear Director-General Tedros:

I am writing in supplement of my March 23, 2020 letter regarding the COVID-19 pandemic. Over the course of the last few months, it has become increasingly clear that the Chinese Communist Party (CCP) failed to uphold its commitments under the 2005 International Health Regulations (2005 IHR), which were instituted in response to the China's mishandling of the 2003 SARS outbreak. Article 6 of the 2005 IHR requires all Member States to report any SARS cases, as defined in WHO Guidance for the Use of Annex 2, within 24 hours. Instead of abiding by these rules, the CCP arrested doctors who shared positive test results for SARS coronavirus, and ordered laboratories to stop testing and destroy samples. In addition, Articles 6 and 7 require Member States to provide the WHO with "timely, accurate, and sufficiently detailed public health information." The CCP's well documented suppression of relevant information, including the genomic sequence of SARS-CoV-2, is a clear violation of these requirements.

Under the 2005 IHR, the WHO is also required to fulfil certain obligations to Member States, particularly in accordance with Articles 9, 10, and 11. Based on information publicly available, it appears the WHO failed to carry out its mandate in relation to investigating unofficial reports of public health events, seeking verifications of such unofficial reports, and disseminating unofficial reports to Member States, including the U.S. Unfortunately, the public record leaves many unanswered questions about when the CCP provided certain information to the WHO and what, if any, activities the WHO engaged in under Articles 9, 10, and 11.

To that end, I respectfully request you provide answers to the following questions:

- When did the WHO first learn that the outbreak in Wuhan was caused by a coronavirus similar to the virus that caused the 2003 SARS pandemic?
- When did the WHO first confirm that human-to-human transmission was occurring?

- Did the WHO seek verification of Taiwan's reports of SARS cases and ongoing human-to-human transmission in accordance with Article 9? If not, why not?
- If so, did the Government of the People's Republic of China (PRC) comply?
- If the PRC did not comply, why did the WHO not transmit that information to Member States in accordance with Article 10?
- Why did the WHO not transmit the information provided by Taiwan to WHO Member States in accordance with Article 11?
- Has the WHO received similar emails from Taiwan in the past? If so, how were they handled?
- Did the WHO investigate the warnings, in accordance with Article 9, from Dr. Ho, a member of the WHO Collaborating Centre for Infection Disease Epidemiology and Control at the University of Hong Kong, regarding the high likelihood that human-to-human transmission was already occurring? If not, why not?
- If so, did the Government of the PRC comply?
- Does the WHO consider viral isolates and genetic sequencing data "public health information" under Article 6?
- Has the WHO requested live virus samples from the PRC? If so, has the PRC provided said samples?
- When did the WHO become aware of reports that the PRC was suppressing public health information in violation of Articles 6 and 7?
- After becoming aware, did Director-General Tedros request an explanation from the CCP?
- Who were the "select team members" of the WHO-China Joint Mission who were allowed access to Wuhan?
- What actions has the WHO taken in response to the PRC's violations of the 2005 IHR?
- Has the WHO ever taken action against a State Party in response to violations of the IHR?
- What new information was available to Director-General Tedros on January 31st, when he declared a PHEIC, that was not publicly reported on January 23rd?
- Was the WHO told, or made to feel, that the WHO's access to data, information, and access to potential sites in Wuhan, China was contingent on cooperating with the CCP's narrative of events?

The WHO conducts incredibly important work, often in some of the most challenging places in the world. However, I believe it is important to clear-eyed about the lack of dissemination of key information that was available at the start of this pandemic. The 2005 IHR were implemented in response to failures of the CCP in responding to the 2003 SARS pandemic. It appears that for a second time the status quo has failed to prevent a public health disaster. It is only by establishing an accurate understanding of why actions were, or were not, taken, and the reasoning behind those decisions, that we can prevent similar shortcomings in the future. I look forward to your response.

Sincerely,



Michael T. McCaul
Republican Ranking Member

Letter to Ranking Member McCaul from Director-General Tedros



**World Health
Organization**

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The Honorable Michael T. McCaul
United States House of Representatives
Committee on Foreign Affairs
2170 Rayburn House Office Building
Washington, DC 20515
USA

20 July 2020

Dear Representative McCaul,

I have the honor to refer to your letters dated 23 March 2020 and 8 May 2020. Allow me to express my solidarity with the people of the United States of America, and my profound respect and appreciation to the United States of America for its partnership and generosity to the World Health Organization (WHO) and to global health priorities.

The United States of America has been among the strongest supporters of WHO since the Organization's establishment in 1948. Through its significant technical and financial support, the United States of America has promoted the work of WHO and has been an essential and active partner to bolster the achievement of "the attainment by all peoples of the highest possible level of health", as specified in the WHO Constitution. Our appreciation for this support is enormous and heartfelt.

Speaking personally and from first-hand experience, I am deeply grateful for the decades of generous support from the United States, which has catalyzed attention and leveraged resources to strengthen global health security through the strengthening of health systems. The United States' leadership in Africa remains a cornerstone of successful public health measures that have advanced African countries' efforts, among other things, to stem the spread of HIV/AIDS, including through the United States President's Emergency Plan for AIDS Relief (PEPFAR), and to advance the work to end polio.

The assistance of the United States in the recent Ebola outbreak in the Democratic Republic of the Congo was invaluable, as are the tireless efforts, of the United States Centers for Disease Control and Prevention (US CDC) to provide technical training and capacity building in all areas of public health.

WHO's partnership with the United States of America has saved lives—countless lives. Indeed, we recently marked the 40th anniversary of the eradication of smallpox, the only human disease to ever be eradicated. In the 20th century alone, some 300 million people are thought to

cc: The Director, Office of Global Health Affairs, Department of Health and Human Services,
Washington, DC
The Secretary of State, Attention: IO/T, Department of State, Washington, DC
Permanent Mission of the United States of America to the United Nations Office and
other International Organizations at Geneva

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have died from smallpox. The eradication of this scourge is one of the greatest achievements in human history, and it would not have been possible without the support and leadership of the United States of America. Further, the work to eradicate smallpox led directly to the Expanded Programme on Immunization (EPI), which was established by WHO to provide protection against six vaccine-preventable diseases through routine infant immunization. The suffering prevented, and lives saved, by EPI are beyond calculation.

The world is now facing an unprecedented global health emergency and WHO is at the center of the international response, in accordance with its role to direct, coordinate, convene, and furnish technical assistance upon the request of governments. In response to this pandemic, as with all our initiatives, WHO works with and for all people everywhere, without distinction of race, religion, political belief, or economic or social condition. In this context, and as more fully detailed below, I would like to assure you that:

- we took prompt action to draw attention to the risks of this virus, as the evidence and reporting emerged;
- we have acted with objectivity, independence, and impartiality; and
- we welcome a timely review of the global response in a transparent, independent, and comprehensive manner, and by an international review panel, including an examination of the International Health Regulations (2005) (IHR (2005))¹, the legal framework established by Member States, and under which we operate.

I wish to provide clarity on four aspects of WHO's response: (1) the guiding principles that underpin WHO's work; (2) the central role of IHR (2005) in WHO's response to public health emergencies; (3) WHO's collaboration with the United States of America; and (4) my full commitment to a timely review of the global response. In addition, section (5) provides a discussion of wildlife ("wet") markets, which is in response to your letter dated 23 March 2020.

1. The World Health Organization

In all its work and actions, WHO is guided by its Constitution² and other normative instruments and regulations, notably IHR (2005). WHO advises its 194 Member States on matters of public health, recognizing that each government will make its own decisions on actions to take.

Responding to a pandemic of this nature – a fast-evolving, novel respiratory pathogen – poses many challenges. As with any emerging infectious pathogen, the initial period is one of numerous unknowns regarding its characteristics and how it will affect humanity; those first hours, days, weeks, and months require the focus of all involved and steadfast cooperation and collaboration.

From the first information about the initial cluster of cases of pneumonia of unknown etiology in Wuhan, China, which was received by WHO on 31 December 2019, all of WHO's actions and operations were driven by three fundamental principles underpinning its mandate:

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¹ <https://www.who.int/ihr/publications/9789241596664/en/>

² https://www.who.int/governance/eb/who_constitution_en.pdf

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(a) objectivity, independence, and impartiality; (b) timely action; and (c) science and evidence-based advice. WHO's actions have also been supported by our organizational transformation initiative. These principles, and the WHO transformation, are discussed in further detail below.

a. Objectivity, independence, and impartiality

WHO and its staff work for the improvement of the health of all people around the world. By virtue of their status as international civil servants and the oath of office they take on assuming their duties, all WHO staff undertake their activities impartially, applying their expertise and knowledge without fear of retribution or expectation of favor. WHO's staff are its greatest asset; they are among the most knowledgeable experts in the world in their respective fields, and they gather and share knowledge, information, and science freely and impartially with scientists, public health professionals, and others to increase the global and local understanding of diseases and capacity to respond to outbreaks.

b. Timely action

From day one, WHO acted to respond as rapidly as the science, evidence, and reporting to WHO would allow: we alerted health authorities to the possibility of human-to-human transmission, urging the highest levels of care and caution for health care workers, and we confirmed human-to-human transmission as soon as the data and evidence supported that. These actions were made possible through intense, frank, and regular health communication with Chinese authorities and with networks of scientists and public health professionals around the world. The following key events are illustrative, and respond to certain of the factual queries in your letter dated 8 May 2020:

- On 31 December 2019, the WHO Country Office in China based on a report from the Wuhan Municipal Health Commission, of a cluster of pneumonia cases of unknown cause, immediately alerted the WHO focal point for the International Health Regulations. The following day, WHO activated its emergency response framework for responding to disease outbreaks.
- On 2 January 2020, WHO alerted the Global Outbreak Alert and Response Network (GOARN) partners of the cluster of cases. GOARN partners include major public health agencies including the US CDC, laboratories, United Nations agencies, international organizations and nongovernmental organizations.
- WHO took prompt action to carry out a rapid risk assessment of the situation, share information with our Member States as required under IHR (2005) on 5 January 2020, and develop advice and guidance on prevention and control, including alerting early on to the possibility of human-to-human transmission due to the respiratory nature of the disease.
- On 10-11 January 2020, WHO published a comprehensive package of technical guidance alerting health authorities, physicians, and other frontline workers and the public across the world of a new respiratory disease; and advising to look for cases among recent travelers from Wuhan, China, and to protect frontline health workers when caring for or taking samples from patients, due to the respiratory nature of the disease.

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- On 14 January 2020, during a regular press briefing, a WHO expert warned, based on available information and experience with coronaviruses, that human-to-human transmission was possible, and further warned of transmission amplification and the possibility of superspreading events, particularly in health care facilities. At this point there were 43 cases (41 in China, one in Thailand, and one in Japan) and one death (in China) reported.
- On 19 January 2020, WHO stated via social media that there was evidence of limited human-to-human transmission, in line with experience with other respiratory illnesses and, in particular, with other coronavirus outbreaks. At this point there were 126 cases (121 in China, three in Thailand, one in Japan, and one in the Republic of Korea) and three deaths (all in China) reported.
- On 20 and 21 January 2020, WHO staff visited Wuhan, China, and met with Wuhan public health officials to learn about the response. The results of the field visit were made public on 22 January³, and on that date, WHO reported that the evidence suggested human-to-human transmission was occurring in Wuhan.
- I convened a COVID-19 Emergency Committee, which met on 22 and 23 January 2020. On 22 January 2020 there were 314 cases globally (309 in China and five outside of China). At the conclusion of their meeting on 23 January 2020, the Emergency Committee had divergent views on declaring a Public Health Emergency of International Concern (PHEIC), but they indicated that they would be prepared to be reconvened in approximately 10 days' time or earlier, should I deem it necessary.
- On 27 January 2020, I arrived in Beijing to meet Chinese leadership, learn more about the response in the People's Republic of China, and to offer technical assistance. I met with His Excellency Mr Xi Jinping, President of the People's Republic of China on 28 January, and discussed the following: continued collaboration on containment measures in Wuhan; public health measures in other cities and provinces; conducting further studies on the severity and transmissibility of the virus; continuing to share data; and a request for China to share biological material with WHO. We agreed that an international team of leading scientists should travel to the People's Republic of China to better understand the context, the overall response, as well as exchange information and experience.
- Upon receipt of further information from outside China, I reconvened the Emergency Committee on 30 January 2020, which was earlier than proposed. At the conclusion of their review of the latest evidence, the Emergency Committee recommended that the Director-General declare a PHEIC. I did so on the same day; this was only the sixth time in the history of IHR (2005) that a PHEIC was declared. On 30 January 2020, when WHO declared the highest level of international emergency, there were 82 cases outside China, and no deaths. Five cases had been reported in the United States of America by that time.

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³ <https://www.who.int/china/news/detail/22-01-2020-field-visit-wuhan-china-jan-2020>

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- On 9 February, we deployed our pre-prepared advance team for the WHO-China Joint Mission, having received the final sign-off from the People's Republic of China that day. The team completed five days of intensive preparation for the Mission, working with China's National Health Commission, the China Centre for Disease Control, local partners and related entities and the WHO Country Office in China.
- From 16 to 24 February, the WHO-China Joint Mission travelled to several cities, including Beijing and Wuhan, which were chosen in order to reflect the full range of transmission and response scenarios. The purpose of the mission was to assess the seriousness of this new disease, its transmission dynamics, and the nature and impact of China's control measures. The Mission consisted of 25 national and international experts from the People's Republic of China, Germany, Japan, the Republic of Korea, Nigeria, the Russian Federation, Singapore, the United States of America (experts from the US CDC the US National Institutes of Health) and WHO. They were all selected after broad consultation to secure the best talent from a diversity of geographies and specialties. It was led by Dr Bruce Aylward of WHO, with Dr Liang Wannian of the People's Republic of China as co-lead. The mission report is publicly available.⁴
- Throughout the global outbreak, WHO has regularly sent missions to many countries, and in all WHO regions, to learn from and support responses, at the request of Member States. Particularly in the early stages of the worldwide COVID-19 response, missions went to countries facing relatively high levels of community transmission, such as the Islamic Republic of Iran,⁵ Spain⁶ and Italy⁷, in addition to the People's Republic of China.

c. Science and evidence-based advice

As the global public health agency of the United Nations, the foundations of WHO's work are science, evidence, data, and the experiences of public health professionals drawn from around the world. All information collected and transmitted through Member States, partners, and networks is critically reviewed and analyzed. We use this to inform global public health actions. In doing so, WHO works with its global networks of experts in different technical areas (e.g. virology, clinical management, epidemiology, and infection prevention and control) and uses established channels of communication to ensure that actions and guidance are founded in evidence.

As with all outbreaks, epidemics, and pandemics, WHO's above-mentioned foundations and approach were critical in the case of COVID-19 given the nature of the event – a cluster of cases of acute respiratory disease of an unknown cause, with all the implications that it held, notably the potential for human-to-human transmission and international spread. WHO liaised with its technical partners to advance its understanding of the evidence provided to it, as required under the IHR (2005), including through our Geneva headquarters, our Regional Office for the Western Pacific in Manila, Philippines and our Country Office in China.

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⁴ <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

⁵ <http://www.emro.who.int/iran-news/delegation-of-who-and-public-health-experts-concludes-covid-19-mission-to-iran.html>

⁶ <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/4/reconfiguring-health-systems-vital-to-tackling-covid-19>

⁷ <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/2/joint-who-and-ecdc-mission-in-italy-to-support-covid-19-control-and-prevention-efforts>

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d. The WHO transformation

Following my appointment as Director-General, I immediately embarked on a radical transformation of the Organization, with the aim of strengthening WHO's capacity to promote health, keep the world safe and serve the vulnerable, and with the goal of making WHO a modern, seamless, impact-focused Organization to better help our Member States achieve the health-related Sustainable Development Goals. Through the WHO transformation, and with the generous technical and financial support from the United States of America and other Member States, we have implemented several key reforms that have substantially strengthened our capacity to prepare for and respond to outbreaks and pandemics.

WHO's transformation process aims to reposition, reconfigure and capacitate the Organization within the broader purview of United Nations reform so that its normative and technical work is of an even higher quality, more sharply focused on the needs, demands and expected actions of Member States, and translates directly into results at country level. To do this, we have:

- articulated a strategy that clarifies and prioritizes the role WHO plays in attaining the Sustainable Development Goals, that clearly defines the Organization's goals and targets, and that drives the work of all staff members;
- redesigned and harmonized across major offices the processes that underpin WHO's core technical, business and external relations functions based on best practices and in support of the Organization's strategy;
- put country outcomes at the centre of WHO's work, by aligning the operating model across all three levels for impact at country level and introduced the so-called "agile" management practices that increase quality and responsiveness;
- created a culture and environment that enable effective internal and external collaboration, ensure that work is aligned with strategic priorities, bring out the best in WHO staff members for fulfilling the Organization's mission and continue to attract and retain top talent; and
- established a new approach to communications and resource mobilization, and bolstering partnerships, so that WHO is positioned to shape global health decisions and generate appropriate and sustainable financing.

In the longer term, WHO aims to move from a cycle of repeated reform to a sustainable programme of continuous improvement.

In the context of WHO's work in emergency preparedness and response, four reforms have been particularly important:

- Creation of a new WHO Division for Emergency Preparedness and Response.
- Together with the President of the World Bank, we established the Global Preparedness Monitoring Board, an independent body of high-level experts designed to strengthen global health security through stringent independent monitoring and regular reporting of preparedness.

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With respect to what happens when WHO receives notification of an event that may constitute a PHEIC, the IHR (2005) provide a system for reviewing and taking action in respect of such events, which centers around an Emergency Committee, comprised of independent experts from around the world, and whose role is to review evidence and provide recommendations to the Director-General of WHO regarding the public health event. Based on the recommendations of the Emergency Committee, the Director-General determines whether an event constitutes a PHEIC, which is the only Member States-agreed alarm that alerts Member States to a global public health emergency.

The PHEIC declaration was preceded by numerous warnings and pronouncements by WHO – through daily press briefings (beginning 22 January 2020) and social media, through expert networks, and through publication of many other different types of guidance – that utmost care and prudence should be exercised due to the nature of the unknown, novel respiratory pathogen. Those warnings were followed by similar exhortations to countries to test for COVID-19 and to prepare for the first wave of cases. These calls to action included several sessions at the 146th session of the WHO Executive Board, which took place 3-8 February 2020, immediately following the declaration of a PHEIC. The WHO Executive Board is composed of 34 individuals, elected for three-year terms, designated by a Member State elected to do so by the World Health Assembly. The Board's proceedings, which are public and webcast, are open to all Member States, and Members of the Board, which currently includes the United States of America, have elevated rights of participation.

During the Executive Board, WHO held a technical briefing on COVID-19. In my opening remarks,⁸ I urged countries to take “action now while we have a window of opportunity”; 99% of cases were then still in China. I further made three key requests to Member States: (1) continue sharing detailed information; (2) do not impose restrictions inconsistent with IHR (2005); and (3) facilitate rapid collaboration between the public and private sectors to develop diagnostics, medicines, and vaccines.

3. WHO's collaboration with the United States of America

The United States is a key partner of WHO in all its work. We appreciate that the United States of America, especially as a founding Member State of the United Nations, understands well that the protections you and other countries provide WHO through Article 67 of the WHO Constitution help us to fulfil our objective and exercise our functions on behalf of all countries. With a relatively modest Secretariat compared with the number of diseases and issues that it handles, WHO relies on expert advisory panels⁹ to provide technical guidance and support on specific subjects. To give an idea of the scale of the United States' collaboration with WHO and its work, in November 2017, there were 43 such expert panels with a total of 554 experts; of those, 72 (13%) were from the United States of America alone, by far the largest number of experts from any one country.

WHO has always been broadly supported by outstanding United States scientists and public health experts, including as WHO staff members, secondments from United States Government agencies, and United States Government officials with whom the organization interacts frequently. Indeed, beginning with the activation of the WHO incident management

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⁸ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-technical-briefing-on-2019-novel-coronavirus>

⁹ <https://www.who.int/about/collaborations/FactsheetEAP2017.pdf?ua=1>

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support team on 1 January 2020 and during the first critical months of the outbreak, WHO had the privilege of having over a dozen senior experts from US CDC working alongside WHO staff in WHO's Strategic Health Operations Centre; they attended all of our incident management meetings, had access to all our key information, and contributed significantly to the rapid risk assessment and management of activities. The expertise and knowledge shared over the course of those first weeks were invaluable.

Furthermore, several high-level United States Government officials participated in COVID-19-specific advisory committees, networks, or meetings, both in Geneva and Beijing. These included:

- The Global Outbreak Alert and Response Network (GOARN)¹⁰ and its steering committee: On 2 January 2020, the United States of America was informed (along with all other GOARN partners) by WHO of the cases of undiagnosed pneumonia in Wuhan, China.
- A weekly informal coronavirus teleconference with experts from around the world, an important forum for information sharing and advice.
- The IHR Emergency Committee meetings¹¹ on COVID-19, in which an official of the US CDC participated, on 22–23 January 2020, 30 January 2020, and 30 April 2020.
- A meeting in Beijing on 27 January 2020 between the US CDC Country Director of China programmes and WHO's Director-General and senior staff.
- Meetings of the WHO Executive Board, 3–8 February 2020; as previously mentioned, the United States of America is a member of the Executive Board¹² and, as such, its representatives participated in all sessions of the Board.
- The meeting of the Strategic and Technical Advisory Group for Infectious Hazards (STAG-IH),¹³ which took place by teleconference on 5 February 2020 and was attended by two senior United States officials (from United States National Institute of Allergy and Infectious Diseases [US NIAID/NIH] and US CDC), who are members of this advisory group.
- The global research and innovation forum to mobilize international action in response to the novel coronavirus (2019-nCoV) emergency, at WHO's Geneva headquarters on 11–12 February 2020, which included participation from representatives of US NIAID/NIH, US Department of Health and Human Services (US HHS), and US CDC.
- The deep engagement and expertise provided by two American experts from the US NIAID/NIH and US CDC within the 12 member WHO-China Joint Mission¹⁴ on Coronavirus Disease 2019 (COVID-19), which took place from 16 to 24 February 2020.

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¹⁰ <https://extranet.who.int/goarn/goarn-steering-committee>

¹¹ <https://www.who.int/ihp/procedures/novel-coronavirus-2019/ec-22012020-members/en/>

¹² https://apps.who.int/gb/gov/en/composition-of-the-board_en.html

¹³ <https://www.who.int/emergencies/diseases/strategic-and-technical-advisory-group-for-infectious-hazards/en/>

¹⁴ [https://www.who.int/publications-detail/report-of-the-who-china-joint-mission-on-coronavirus-disease-2019-\(covid-19\)](https://www.who.int/publications-detail/report-of-the-who-china-joint-mission-on-coronavirus-disease-2019-(covid-19))

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- The United States of America, represented by the Secretary of the United States Department of Health & Human Services (US DHHS), attended the Seventy-third World Health Assembly on 18-19 May 2020.

I wish to extend special thanks for the exemplary technical support and collaboration received from the Government of the United States of America through the US CDC, US DHHS, and US NIAID/NIH from the earliest days of the outbreak.

In addition to this extensive collaboration, WHO maintained open communication lines to obtain the fullest information from our Member States and partners and to share that information broadly and impartially. Thus, WHO provided information to all our Member States, including the United States of America, through numerous channels, including the IHR Event Information System and our COVID-19 webpage. For instance:

- On 5 January 2020, WHO sent an official email notification of the outbreak to all IHR (2005) focal points and Points of Contact, including the United States national focal for IHR. In addition, eight US DHHS and four US CDC officials were copied on this email.
- As of 22 January 2020, I began providing press briefings, first daily and later three times per week, to answer questions from the global press. Transcripts of these remarks are published¹⁵ on the WHO website.
- Beginning 14 February 2020, WHO began holding weekly briefings for Member States to apprise them of updates in the global situation and to answer questions.
- The analyses and technical guidance regularly updated on our WHO COVID-19 webpage¹⁶ have provided impartial and evidence-based information to support a coordinated, global, and effective response.
- My speeches and remarks – including those during the Executive Board – are published on the WHO website.¹⁷

4. Review of the international health response to COVID-19

I wish to confirm my strong commitment to a timely review of the global response to COVID-19 in a transparent, independent, and comprehensive manner by an international review panel. I am committed to transparency, accountability, and the continuous improvement of WHO and will faithfully fulfill the mandate of the resolution adopted by the World Health Assembly on 19 May 2020 to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19.

In that regard, on 9 July I announced the establishment of an Independent Panel for Pandemic Preparedness and Response (IPPR). The aim of the Panel is to carry out the evaluation commissioned by the World Health Assembly in May 2020. The co-chairs of the panel are Ms Helen Clark, former Prime Minister of New Zealand, and Ms Ellen Johnson Sirleaf, former President of Liberia.

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¹⁵ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/press-briefings/>

¹⁶ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

¹⁷ <https://www.who.int/dg/speeches>

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In my announcement I encouraged all WHO Member States to offer suggestions for world-class candidates for panel membership, and I further proposed that the co-chairs, in consultation with Member States, take the lead for the development of the panel's terms of reference. I also recommended that the panel be supported by an independent secretariat, fully accountable to the co-chairs and the Panel, and that the Panel reports to the Seventy-fourth World Health Assembly in May 2021, with an interim report to the Seventy-third World Health Assembly that will be re-convened in November 2020.

In addition, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme will continue its existing work. It has already presented an interim report on WHO's response to COVID-19, assessing the first months of the response and providing useful recommendations. Guided by the Member States of the Organization, WHO is committed to taking these steps.

The resolution adopted by the World Health Assembly on 19 May 2020 also establishes other key mandates, including calling upon all parties to IHR (2005) to act in accordance with them, and working with relevant international agencies and countries in identifying the zoonotic source of the virus and the route(s) of introduction into the human population. The work of the Secretariat on these and all other tasks the Health Assembly set out are already underway. I am committed to their full and effective implementation. In that regard, I expect that many of the questions and considerations contained in your letter dated 8 May will be addressed in the context of this review.

The fact that these important mandates were adopted by consensus, and are a result of a proposal by an unprecedented number of WHO Member States, reflects a deep truth that this pandemic has made clear: we are all in this together. Working together, we will come out of this worldwide emergency wiser, safer, and better prepared to protect everyone everywhere against future global health risks.

5. Live wildlife markets

Your letter dated 23 March highlights the threats of exotic zoonotic diseases to human health. WHO has long recognized these threats and is at the forefront of efforts to reduce, and eventually eliminate, their effects on the people of all countries. It is a WHO priority to reduce the burden of foodborne diseases and zoonotic illness, which affect as many as 600 million people yearly, often with severe adverse effects and poor outcomes.

WHO is the lead public health agency in tackling such emerging diseases such as the Middle East Respiratory Syndrome (MERS), avian influenza, and Ebola virus disease under the framework of the IHR (2005). We are currently working side by side with frontline health care workers in Africa to stem the spread of Ebola. Likewise, we are working with the health sectors in the Middle East and Africa to eliminate the threat from MERS. We have successfully contained the dangers of H5N1 avian influenza in Asia through cooperation and collaboration with frontline national agencies in affected countries. At present, we are fully engaged in the COVID-19 response.

WHO calls for banning the trade of exotic wildlife as food. We support Member States and United Nations partner organizations in the development or strengthening of strict regulations to this effect. WHO works in close tripartite collaboration with the Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE) to promote cross-sectoral collaboration

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to address risks from zoonoses and other public health threats existing and emerging at the human-animal-ecosystems interface, and provide guidance on how to reduce these risks.

In addition, we recognize that some traditional fresh food markets (also called “wet markets”) and especially those selling live animals, when not properly managed, provide optimal conditions for the zoonotic transfer and evolution of infectious disease agents. These traditional live animal markets are major contact points between people and live animals, making them potentially critical sources of viral amplification and infection.

WHO is working with governments worldwide to prohibit the marketing of exotic and endangered wild animals for food by assisting in strengthening national regulations to prohibit this trade and in preparing guidelines for enhancing enforcement of these regulations. As part of our food safety campaigns, we are also working to improve standards of hygiene and sanitation in wet markets. A key goal of these standards and of our guidelines on healthy food markets is to separate live animals sold for food from the market and, more importantly, from the public so as to reduce the risk of the spread of zoonotic diseases.

We must also recognize that traditional food markets and “wet markets” are the main source of affordable food for poorer people in many developing countries. They have an important economic and social role. Due consideration needs to be given to how to address the wider impact on these societies when considering the closure of sections of these markets or, where the sale of live animals is the only activity, closure of the entire market.

WHO is working with global experts and national governments to develop new policies and regulations, based on the best scientific evidence as well as an understanding of the cultural, economic, and social role of these markets. WHO, in conjunction with partner agencies, will be issuing interim guidance in this respect in short course. Our intervention strategies are based on the following actions:

- strengthening regulations to prohibit marketing and trade of live wild animals as food;
- developing guidelines and training food inspectors to ensure enforcement of these regulations;
- separating all operations associated with the slaughter and sale of food animals from public access areas in wet markets;
- improving the standards of hygiene and sanitation in wet markets, with an emphasis on toilet facilities, handwashing, and waste disposal; and
- with partner organizations, strengthening surveillance of zoonotic diseases in animal populations.

We understand the urgent need to galvanize the efforts of human health, food safety, and veterinary public health agencies in all countries to implement effective changes. In that respect, pursuant to the World Health Assembly resolution on COVID-19 adopted in May 2020 discussed in detail in section 4 of this letter, WHO will continue to work closely with the World Organization for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO) and countries, as part of the “One-Health Approach”.

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Through efforts such as scientific and collaborative field missions, which will enable targeted interventions and a research agenda to reduce the risk of similar events occurring, the work will aim to identify the zoonotic source of the virus and the route of introduction to the human population, including the possible role of intermediate hosts.

We will also provide guidance on how to prevent infection with severe acute respiratory syndrome coronavirus 2 (SARS-COV2) in animals and humans and prevent the establishment of new zoonotic reservoirs, and how to reduce further risks of emergence and transmission of zoonotic diseases.

As we continue to press forward with the critical work of confronting COVID-19, it is my sincerest wish that the United States of America will continue to be a key partner in the international response, providing its expertise, cooperation, and collaboration to WHO and other Member States as it has so consistently done throughout past crises, and, I hope, through any that may lie ahead.

Yours sincerely,



Dr Tedros Adhanom Ghebreyesus
Director-General